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THE YEARBOOK OF PSYCHOANALYSIS

THE YEARBOOK OF PSYCHOANALYSIS

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The Editors of this Yearbook desire to express their profound sense of loss and bereavement at the death of these distinguished contributors and colleagues. The loss is not confined to us but affects our whole science.

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SOME REMARKS ON FREUD'S PLACE IN THE HISTORY OF SCIENCE*

BY OTTO FENICHEL

In 1917 Freud published a short paper entitled, "One of the Difficulties of Psychoanalysis."¹ In it he wrote that psychoanalysis tends to arouse an affective prejudice, with the result that whoever hears about it is "less inclined to believe in it or take an interest in it". After explaining the force of narcissism in human beings, he discussed how the discoveries of psychoanalysis wounded narcissistic self-esteem. The discovery of the unconscious revealed "that the ego is not master in its own house"; moreover, the statement that mental life is primarily unconscious was "not affirmed by psychoanalysis on an abstract basis, but has been demonstrated in matters that touch every individual personally and force him to take up some attitude towards these problems". Freud compares this narcissistic humiliation to two other similar humiliations man has suffered as a result of the development of scientific knowledge: the cosmological humiliation for which Copernicus was responsible when he proved that the earth is not the center of the universe, and the biological humiliation caused by Darwin when he showed that man is an animal like all other animals.

When one who has devoted his life to the practice and the further development of Freud's ideas attempts to evaluate what among his contributions is essential to human knowledge, he is so overwhelmed by the abundance of new concepts Freud introduced that he is at first inclined to give up the task. It is at this point that Freud's "One of the Difficulties of Psychoanalysis" comes to one's assistance. It describes a special "difficulty" of psychoanalysis. It must be the principal merit of psychoanalysis to have overcome this difficulty. This is a consequence not alone of the discovery of the unconscious but more, the mode of thinking that made this dis-

* Reprinted from: *The Psychoanalytic Quarterly*, Vol. XV, No. 3, 1946, pp. 279-284.

¹ Freud: *Coll. Papers*, IV, pp. 347-356.

covery possible—the decisive step beyond those narcissistic prejudices which sober research into reality has taken. Psychoanalysis has made possible nothing less than this: to see a half of reality—the data of mental life—not more or less as we should like to see it, but with the same objectivity with which physics, chemistry and biology have long since viewed phenomena in their respective fields. An attitude that has long been accepted as a matter of course in these sciences has been attained in the field of psychology. A certain displeasure in the individual (“science grays the many-colored pattern of life”) is overcome, and the practical advantages offered by scientific knowledge—the potentialities of prognosis and technique—gained.

Psychoanalysis as a dynamic science takes its point of departure from the description of mental phenomena, and views the observed phenomena as the result of a hidden play of forces. Its interpretative aspect is no different from other sciences which aim to discover hidden structural connections. As a genetic psychology, it seeks also to determine their historical development so that the structure may be viewed as the finished product of such development. Consequently, “morphological” and “historical” points of view play a fundamental role in psychoanalysis, but they do not delimit the scope of psychoanalytic knowledge. Psychoanalysis is not only concerned with life histories; its aim is, in addition, to compare the course of many life histories and many mental phenomena in an attempt to discover the *general laws* governing mental life. It seeks to comprehend laws governing mental functions as a special case of the function of life in general, just as the biological sciences comprehend other life functions. Although Freud’s metapsychology may in time be supplemented or altered, the insight psychoanalysis has given us into such general laws is, indeed, considerable.

Freud was not the first to consider the field of psychology from a scientific point of view. There were scientific psychologies before him, and others exist today. But compared to “philosophical” psychologies, scientific psychologies have always been in the minority and have been able only to consider disparate functions and action. An understanding of the multiplicity of everyday human mental life based on natural science, really only began with psychoanalysis.

For centuries psychology was considered a special field of speculative philosophy, far removed from sober empiricism. If one considers the more or less metaphysical questions that were held to be of paramount importance, one easily recognizes that the prob-

lems discussed originated in theology. They reflected the antitheses, "body" and "soul", "human" and "divine", "natural" and "supernatural". Psychoanalysis, which overcame these prejudices, gave us also the means to understand them. It explained not only the narcissism which is humiliated because man realizes he is not master in his own house, but also "magical thinking" which is closely related to this narcissism. Magical thinking, it is true, has played in the remote history of human thought a significant role in furthering adaptation to reality. Nevertheless we know that it later tended entirely to replace realistic thinking wherever such thinking would have led to consequences painful to man's self-esteem.

Gradually, scientific thinking has gained ground over religio-magical thinking. The natural sciences, originating and evolving at definite periods in the development of human society (from technical necessity), have had to overcome the most violent and stubborn resistances in their striving to describe and to explain natural phenomena. These resistances in different sciences find varying degrees of intensity of expression. One need only compare any issue of a clinical journal with one devoted to chemistry or physics to find evidences of this variation. The influence of magic is everywhere more in evidence in medicine than in the so-called pure sciences. The traditions of medicine stem from the activity of medicine men and priests; further, psychiatry is not only the youngest branch of the magic-imbued science of medicine, but also the one most saturated with magic. It deals with facts which until recently were closed to the scientist and accessible only to the priest. The resistance to science increases in proportion to the approach of the subject matter of the science to the intimate concerns of men. Not so long ago the pathologist was forbidden to dissect the human body. Human pathology and physiology finally freed, magic nevertheless persisted in the realm of mental research. Here causality and quantity were not conceded to exist; one was supposed to meditate and to feel reverent. In all such psychologies there is a remnant of belief in the immortality of the soul.

A glance at the history of science teaches us that the process of overcoming magic has been a devious one. There have been advances and retreats. The fluctuations in the struggle between the reality principle and magic seem to have been dependent upon other historical conditions that are far more complicated. They can only be understood through sociology, by a study of conflicting groups and interests in society.

In scientific and historical evaluations of psychoanalysis, one

often hears two opposite opinions. Some say that Freud is a confirmed materialist who strives to shut off the living stream of mental phenomena in rigid categories. There are also those who say that, at a period when the natural sciences were at the height of their development, his contribution consisted of once again forcing recognition of the irrational, the psychogenic, against the prevalent overestimation of rationalism; that he thereby revealed the limitations of "materialistic medicine" which for example had been baffled by the phenomenon of hysteria. How can this contradiction be explained?

The golden days of medicine, epitomized by the name of Virchow, simply did not include the total human being in their researches. The neglect of psychology indicates nothing other than that progress in scientific thinking was purchased at the price of letting one entire realm of nature—the mind—remain a reservation for religion and magical thinking. The physical scientists were unconscious mystics in the mental sphere.

The contradiction in the scientific historical evaluation of Freud's work is resolved by recognizing that he accomplished two things at the same time: by opposing pseudomaterialism and by strongly emphasizing the existence of a mental sphere and the inadequacy of the physical sciences in dealing with psychopathology and the psychological aspects of life, he won this terrain for science. It is agreed too that Freud gave the "subjective factor", the "irrational", its just due. I believe that Freud's discovery clearly reveals the spirit of that broad cultural trend that proclaimed as its ideal the primacy of reason over religious prejudice, and the unbiased investigation of reality. What had previously been considered sacred and untouchable might now be touched because the very validity of such taboos had been denied. The absolute "ideals" made known to us through revelation were likewise brought down to earth and examined as manifestations of the workings of men's minds. Despite the distance between Freud and Virchow, they had much in common. Freud investigated the mental world with the same scientific courage that Virchow applied to the physical. That meant rebellion against the prejudices that had prevailed up to that time. It represents the same spirit of liberal thinking in science that in ethics proclaimed "the rights of man".

The objection may be raised that such a statement is a one-sided presentation of psychoanalysis. Does not this science contain a great deal of mysticism, or at least of the mystic tradition? Did it not develop from hypnotism, derived in turn from Mesmerism?

Is not, furthermore, "mental healing" a variety of magic? Certainly it has descended directly from magical methods. But psychoanalysis, despite its background of magical thinking, has transformed magic into a natural science. Its object, not its method, is irrational. We know that in every phase of mental development rudiments of earlier phases persist, and it would not be difficult to find many echoes of magic in the theory and the practice of psychoanalysis. This would not be difficult in any branch of medicine. Psychoanalysis will always retain certain historical traces of magical thinking. And wherever in psychoanalysis there is encountered a resurgence of recessive theorizing, one can be sure that mystical rudiments are pushing to the surface at the expense of the scientific elements.

To what extent this holds true depends upon social conditions. There is no doubt that despite the great resistance to his discoveries that Freud encountered, his daring nevertheless accorded with the current trend of the preponderance of reason in thinking which was a general trend fifty years ago. No doubt today, contrariwise, there is a swing away from the "rational" to the "ideal". Such a tendency comes to expression in psychoanalysis early in its history because this science was delivered from magical thinking far later than any other science.

Scientific psychology explains mental phenomena as the result of primitive bodily needs developed in the course of biological development and therefore changeable (the instincts), and, in addition, as the operation of environment on these instincts. There is no place for a third factor such as an immanent principle of perfection. To psychoanalysis, therefore, all "ideals" are human ideas whose origin can be explained by the interplay of instincts and environment. Every trend of thought which required ideals that savor of the beyond, the absolute, and that exclude all criticism, must be inimical to scientific psychology and must lead to a reversion to magical thinking.

In seeking to implement his practical needs as a physician treating hysterics, Freud discovered and developed the science of psychology. Compared to this fact the therapeutic application of psychoanalysis pales into insignificance. Social conditions make the direct therapeutic efforts of psychoanalysis inadequate in comparison with the extent of neurotic misery in our day.

Psychoanalysts can do no better than to follow Freud's example.

AN UNKNOWN AUTOBIOGRAPHICAL FRAGMENT BY FREUD*

By SIEGFRIED BERNFELD, PH.D.

(*San Francisco*)

I.

Freud's paper on "Screen-memories" ("Ueber Deckerinnerungen", 1899), (9) contains a delightful and remarkable dialogue between Freud and "a man of thirty-eight, with academic training", who had overcome "a slight phobia through psychoanalysis". This former patient has a rare way of telling his story in a straightforward, concrete way, full of color, yet never detouring from and never obscuring the essentials. His grasp of psychoanalytic values is so strong and clear; his knowledge of psychoanalysis is so great and his presentation so similar to Freud's that one would think one is reading a monologue were it not for the typography. But such a flash of some vague suspicion vanishes immediately into oblivion. The content of the memories of the man of thirty-eight and the interpretation which Freud gives with masterly ease so fully attract the reader's attention that distracting thoughts cannot grow above the threshold. Anyhow, the trained student of case histories feels obliged to suppress curious questions about the identity of a former patient.

I suggest that we relax this commendable habit in this case for the benefit of historical research and face the suppressed questions. Who, in 1899, had such vivid and profound understanding of psychoanalysis? Who wrote such clear, simple, distinguished and animated German in the nineties? Who is this interesting and promising man and what became of him? His personality seems familiar and one remembers to have read several of his memories somewhere else. Only after some deliberation one recalls the places and becomes convinced that the man of thirty-eight is no other than Freud him-

* Reprinted from the *American Imago*, Vol. 4, No. 1, Aug. 1946, pp. 3-19.

self, slightly disguised. If that be true then this case history contains the first information about an important period of Freud's life—otherwise completely unknown.

Before I present the evidence for this identification I will use this opportunity to present in English the relevant part of Freud's paper on screen-memories which has never before been translated. This translation does not aspire to catch the high stylistic qualities of the German original. I shall be content if it is readable and reliable. It will greatly facilitate the task of this study. Furthermore I hope that any reader, not convinced by my arguments or not interested in Freud's adolescence will at least welcome acquaintance with the most complete sample of Freud's early technique in interpretation.

II.¹

A man of thirty-eight, with academic training, who had maintained an interest in psychological problems in spite of his entirely different profession, called my attention to his childhood memories after I had been able to relieve him of a slight phobia through psychoanalysis. These memories (by the way) had already played a certain part in his analysis. After becoming acquainted with the research of V. and C. Henri, he gave me the following summarized report: "I have retained a fairly large number of early childhood memories, which, furthermore, I can date with absolute certainty. When I was three years old, I left the small town of my birth and moved to a large city. All my memories occur in the town in which I was born. In other words, they fall within my second and third year. They are mostly short scenes, but they are very well preserved and possess clear details of all the senses, quite in contrast to the memory pictures of my mature years which completely lack the visual element. After my third year the recollections are fewer and less distinct. There are gaps which must encompass more than a year. I think only from my sixth or seventh year on does the stream of memories show continuity. I divide then the recollections that occurred prior to leaving my birthplace into three groups. The first group contains those scenes about which my parents told me repeatedly, later on. With these I do not feel sure whether I possess the memory pictures from the beginning or whether I have created them only after hearing the stories. I note that there also are incidents which, despite frequent description by my parents, I can-

¹ Freud. Ueber Deckerinnerungen. *Ges. Schr.*, vol. 1, pp. 472-484.

not remember at all. I place more value on the second group. These are scenes about which—as far as I know—no one has told me; of some nobody could have told me because I never again saw the participant—my nurse and my playmates. Of the third group I shall talk later.

“Concerning the content of these scenes and why just they successfully claim a place in my memory I contend that I am not wholly at a loss for an explanation. I cannot say that the retained memories correspond to the most important events of that period; anyway not what I would consider the most important ones today. I recall nothing of the birth of a sister two-and-a-half years younger than I. The departure, the sight of the train, the long ride in a carriage to the station—all these left no trace in my memory. Yet I have retained two minor incidents which occurred on the train. You remember that they came up during the analysis of my phobia. The deepest impression should have been made by an injury to my face. I lost much blood and a surgeon had to sew me up. I can still feel the scar, the evidence of this accident, but I know of no memory which would point directly or indirectly to this experience. By the way, perhaps I was not even two years old at the time.

“I am not astonished at the pictures and events of these two memory groups. It is true, they are displaced memories in which the essential point is mostly omitted; but in some few it is at least indicated. In others it is easy for me—making use of certain clues—to restore it. Proceeding in this manner a satisfactory connection between the various scraps of memory emerges and I can clearly see exactly which childish interests entrusted the events to my memory. It is different, however, with the contents of the third group, the discussion of which I have delayed up to now. Here I come upon material—a longish scene and several smaller pictures—which leaves me helpless. The scene appears to me rather unimportant—its preservation mysterious. Let me describe it to you. I see a thickly covered, green meadow, rectangular and gently sloping. In the green are many yellow flowers, evidently the common dandelion. Above the meadow stands a farmhouse. Two women are busy talking before the door. One is a peasant with a kerchief on her head, the other a nurse. Three children play on the meadow. I am one of the three—between two and three years old. The others are my cousin, a year older than I, and his sister who is almost exactly my age. We are picking the yellow flowers and each of us already holds a bunch of them. The little girl has the prettiest bouquet; but suddenly, as if by agreement, we boys fall upon her

and tear the flowers out of her hand. She runs up the meadow crying, and to comfort her, the peasant woman gives her a large piece of dark bread. As soon as we see that we throw the flowers away, hurry to the house and demand bread. We get it too. The peasant woman cuts the loaf with a long knife. I remember how delicious the flavor of this bread was. And that is the end of the scene.

"What is there in this experience that justifies the memory-effort which it has caused me? I have puzzled over it in vain. Is the emphasis on our discourtesy towards the little girl? Should the yellow of the dandelion, which today of course I consider not at all beautiful, have pleased my eyes so much at that time? Or is it possible that after the running around on the meadow the bread tasted so much better than usual that it has given me a lasting impression? I cannot even discover any relation of this scene to the interest (easily guessed at) which holds together my other childhood scenes. In fact, I have the impression that there is something not quite right with this scene; the yellow of the flowers stands out in the ensemble too glaringly and the fine flavor of the bread seems almost like a hallucination. It calls to my mind pictures which I once saw at a parody exhibition. Certain details, instead of being painted, were applied plastically—naturally always the most inappropriate ones—the derrieres of the painted ladies, for instance. Now can you show me a way which leads to the clarification or interpretation of this superfluous childhood memory?"

I thought it wise to ask since when this childhood scene occupied him, whether he thought that it recurred periodically in his memory ever since his childhood, or whether it had arisen at some later date, at a remembered occasion. This question was all I had to contribute towards the solution of the problem; the rest, my partner who was not exactly a novice at such work, discovered by himself.

He replied: "I had not thought of that. But now that you have asked this question I feel almost certain that this childhood memory did not occupy me at all in my earlier years. Yet I can also imagine the occasion which released the emergence of this and numerous other recollections of my earliest childhood. As a seventeen-year old high school student I returned to my home town for a vacation as guest of a family with whom we had been friendly in the past. I know quite well what floods of emotion took hold of me then. But I see that I must now tell you a large part of my life history: it belongs and you have evoked it with your question. All

right then. I am the son of formerly well-to-do people, who—I think—lived pretty comfortably in that small country town. When I was about three years old, a crisis befell the industry with which my father was connected. He lost his capital and we were forced to leave the town and move to a large city. Long years of deprivation followed. They were not worthy to be remembered. I never felt quite at home in the city. Now I believe that the yearning for the wonderful forests of my early home has never really left me. A memory of that period relates that in these woods I used to toddle away from my father, almost before I could walk. That vacation, when I was seventeen, was my first one in the country, and as I have mentioned, I was the guest of friends who had become wealthy since our move to the city. I had the opportunity to compare the comfort in which they lived with the mode of life in our city home. Well, I see there is no use in further evasion. I must admit that something else excited me greatly. I was seventeen, and in the hospitable family was a fifteen-year old daughter, with whom I fell promptly in love. It was my first passion, and it was sufficiently passionate, yet I kept it strictly secret. After a few days the girl returned to her boarding school from which she had been home on vacation, and the separation following such short acquaintance even more enflamed my longing. Often, and for long hours, I went on lonely walks through the regained, wonderful forests, my mind occupied with building castles in the air which, strange to say, were not directed towards the future but instead attempted to improve the past. If only that crisis had not struck long ago; if, instead, I had remained in the country; if I had grown up there and had become as husky as the young men of the family; and then if I only had followed my father in his business and finally had married the girl who surely through all these years would have begun to love me! Of course I never doubted for a moment that I would have loved her as strongly under the circumstances created by my imagination as I then actually did. Strange, but today when I see her occasionally—she happened to marry someone in this vicinity—she leaves me utterly indifferent. And yet I can remember precisely that for many years the yellow in the dress she wore at our first meeting affected me whenever I saw the same shade somewhere again."

"That sounds quite similar to your parenthetical remark that today you no longer like the common dandelion. Don't you suspect a connection between the yellow of the girl's dress and the

unduly over-emphasized yellow in the flowers of your childhood memory?"

"Possibly, yet it wasn't the same yellow. The dress was more of a yellowish brown, rather like that in a wallflower. However, I can offer you an intermediary idea which can serve your purpose. I noticed later on in the Alps, that some flowers which are light colored in the lowlands grow in darker shades at high altitudes. If I am not entirely mistaken a flower resembling the dandelion is frequently found in the mountains. However, its color is a dark yellow which would then correspond to the color in the dress of my beloved. But I am not done yet. I am coming to a second incident, taking place close to that period which aroused the childhood impressions in me. When I was seventeen I saw my hometown again. Three years later I spent my vacation with my uncle and consequently again met the children who had been my earliest playmates—the same boy cousin, one year older than I, and the same girl cousin of my own age, who appear in the childhood scene of the dandelion-dotted meadow. This family had left my birth-place at the same time we did and had regained its wealth in the distant city."

"And did you again fall in love—this time with your cousin—and create new fantasies?"

"No, this time things were different. I was already at the university and was completely immersed in my books. On my cousin I wasted no thought. As far as I know I did not create any fantasies then. But I suspect my father and uncle had agreed to a plan to make me exchange my abstruse studies for something more practical and then—after the completion of my courses—have me settle down in my uncle's town and marry my cousin. When it became apparent how set my intentions were, the plan was dropped. But I am sure that I surmised it correctly. Only later, when, as a young scientist, I was confronted with the harshness of life and had to wait a long time until I could attain any sort of position in this city, did I perhaps reflect occasionally that my father had really meant well in trying, with this projected marriage, to make amends for the loss caused by the early collapse of the family fortune."

"I would place the appearance of the childhood scene in this period of your hard struggle for your daily bread, if you can verify my impression that in those same years you first began to know and love the Alps."

"That is correct. Hiking in the mountains was the only

pleasure I permitted myself at that time. But I don't quite understand you yet."

"Just a minute. In your childhood scene the wonderful taste of the country bread is elevated as the most outstanding element. Don't you see that this idea, perceived with almost hallucinatory intensity, corresponds to the basic thought of your fantasy? If you had remained in your birthplace, married that girl, how pleasant your life would have been! Symbolically expressed, how good your bread, for which you had to fight so hard in those later times, would have tasted! And the yellow of the flowers points to the same girl. By the way, you have elements in the childhood scene which can only refer to the second fantasy: if you would have married your cousin. Throwing away the flowers and exchanging them for bread, seems not a bad disguise for your father's intentions with you. You were to disclaim your impractical ideals and take up a 'bread and butter' profession, weren't you?"

"That is, I fused the two chains of fantasies suggesting how I might have molded my life more agreeably; selecting the 'yellow' and the 'country bread' from one; the persons and the throwing away of the flowers from the other."

"That's right. The two fantasies were projected upon one another, and a single childhood memory was made out of them. The touch about the Alpine flowers is then an indication of the period of this fabrication. I can assure you that one very often does such things unconsciously, as if dreamed up."

"But then it would not be a childhood memory. Rather it would be a fantasy transferred back into childhood. Yet I have a feeling that the scene is genuine. How can that be reconciled?"

"For the validity of the stories which our memory tells us there is no guarantee whatsoever. However I will concede you that the scene is genuine. In that case you selected it from many other similar or even different ones, because thanks to its content—in itself of no importance—it was able to represent the two fantasies which were of such great significance to you. I would call a screen-memory one whose value consists in representing in one's mind the impressions and thoughts of a later period which are bound to an earlier recollection through symbolic and other connections. At any rate you will cease to wonder at the frequent reappearance of this scene in your memory. One can no longer call it innocuous if—as we have discovered—it is designated to illustrate the most important turning points in your life's history

—the influence of the two most important mainsprings, those of hunger and those of love.”

“Yes, the representation of hunger is well done but where is the representation of love?”

“In the yellow of the flowers, I think. I can’t deny, however, that the representation of love in this childhood scene of yours seems very weak in comparison with my usual experience.”

“No, by no means. In fact the representation of love is the main point in it. Now at last I understand! Think. To take a flower from a girl means to deflower her. What contrast between the impudence of this fantasy and my bashfulness on the first opportunity; my indifference on the second!”

“I can assure you that such bold fantasies form the regular complement to juvenile bashfulness.”

“In that case it would not be a conscious fantasy which I recall, but rather an unconscious one which has been transformed into these childhood memories?”

“Unconscious thoughts which continue the conscious ones. You imagine: if I had married this girl or that one, and from that follows the desire to conjure up all that is implied in marrying.”

“Now I can continue with it myself. To the young good-for-nothing, the most tempting motif in the whole theme is the idea of the wedding night. Little does he know of what follows later on. This image, however, does not dare to approach the open. The prevailing atmosphere of modesty and of respect for girls keeps it suppressed. Therefore it remains unconscious... and evades into a childhood memory.”

“You are right. The crassly sensual element in the fantasy is exactly the reason why it does not develop into a conscious fantasy, but must be content instead with being accepted as a disguised allusion in a childhood scene.”

“Why, I would like to know, just in a childhood scene?”

“Perhaps just because of its innocuousness. Can you imagine a stronger contrast to such outrageous sexual aggressive intentions than child play? Besides, even more basic reasons are decisive in the evasion of suppressed thoughts and desires into childhood memories. You can regularly find this behavior among hysterical persons. It also seems that usually the recollection of what is long since past is facilitated by a pleasure motif. *Forsan et haec olim meminisse juvabit.* (Perchance even these things it will thereafter be delightful to remember.)”

"If that is the case, I have completely lost confidence in the genuineness of the dandelion scene. I can see that on account of the two aforementioned occasions—which were supported by very tangible and actual motives—the thought arises: 'Your life would have become much more pleasant if you had married this girl or that one.' I can see that the sensual undercurrent within me reiterates the thought of the conditional clause in images which could offer satisfaction; that this second version of the same thought remains unconscious because of its incompatibility with prevailing sexual standards, but as a consequence therefore, is able to continue existence in my mental life, after the conscious version has long been displaced by the changing reality; that the unconscious clause strives, as you say, in conformity with a valid law, to change itself into a childhood scene, which, because of its innocuousness is allowed to become conscious; that to this end it must undergo a new transformation—or rather two—one, which takes the offensive from the principal proposition by expressing it pictorially, and a second which molds the dependent clause into a form that can be visually represented, for which the intermediary concept bread—bread-and-butter profession—is employed. I understand that in the production of such a fantasy I achieved a fulfillment of the two suppressed wishes—that of deflowering and that of material comfort. But after giving myself such a complete account of the motives which led to the dandelion fantasy, I am forced to assume that in this discussion we talk about something that has never happened at all, but was rather illegally smuggled into my childhood memories."

"Now I must act as defender of reality. You go too far. You have let me tell you that all such suppressed fantasies tend to evade into a childhood scene. Now let's add that this does not occur unless there is such a memory trace present whose content offers points of contact with the content of the fantasy—meeting it half way as it were. If only one such point of contact is found—in our case it is the defloration, the taking of the flower—then the remaining content of the fantasy will be reshaped through the use of all admissible intermediate images (remember the bread) until new contact points with the childhood scene are established. It is very possible that during this process the childhood scene itself undergoes changes. I consider it certain that in such manner memory falsifications are produced. In your case, the childhood scene seems to have been only slightly touched up. Think of the intensified prominence of the yellow and of the

exaggeratedly fine-tasting bread. Yet the raw material was usable. If this would not have been so this particular memory could not have lifted itself out of all the rest into the consciousness. You would not have acquired such a scene as a childhood memory, or perhaps it would have been another. For you know how easy it is for our mind to build bridges from anywhere to everywhere. In addition, by the way, to your feeling, which I do not like to underestimate, something else speaks for the genuineness of your dandelion recollection. It contains traces that cannot be explained through your statements and that also do not fit in with the interpretations arising from your fantasy, for instance the one where your cousin helps you to rob the little girl of the flowers. Does such assistance to defloration make any sense to you? Or what about the peasant woman and the nurse up in front of the house?"

"I don't believe so."

"In other words, the fantasy does not entirely match the childhood scene. The two merely meet at some points. That speaks for the genuineness of the childhood memory."

"Do you believe that such an interpretation of apparently innocuous childhood memories is frequently appropriate?"

"On the basis of my experience—very frequently."

III.

The "man of thirty-eight" whom for short we may call Mr. Y, gives a great number of specific data concerning the first phase of his life and reports two episodes of his adolescent years. In order to establish the identity in question we have to compare this material with Freud's life history.

It so happens that we are particularly well informed on the first three years of Freud's life; all the available facts being assembled in a paper in the *Menninger Bulletin*, (2) to which I refer for details. Here I wish to give a brief recapitulation of the findings as far as they are essential for our present task.

Freud was born in a little country town (Freiberg in Moravia). His parents were rather well to do, but due to an economic crisis they had to move away to "a large city" (to Leipzig and then to Vienna), and were hard-pressed from then on. This migration occurred when Freud was three years of age. In his home town and when he was two-and-a-half years old, a sister was born. At the age of two he suffered an accident, of which he bore a life-long scar on his jaw. In Freiberg, the half-brother

of Freud—twenty years his senior—lived with his family. The children of this half-brother, a nephew—one year his elder—and a niece about his own age, were his principal playmates. There was a nurse who supervised the children. The family of this half-brother left Freiberg, simultaneously with Freud, but for “a distant city” (Manchester, England), where they soon regained their former financial ease.

This brief story of Freud’s life in his home town corresponds fully with Mr. Y’s story except for one detail. Mr. Y describes his playmates as his cousins, the children of an uncle, while the relationship between Freud and his early friends was less trivial and simple. (We discuss this slight discrepancy later).

Mr. Y mentions only a few, exactly three childhood incidents, which do not occur in Freud’s biography. For my purpose it is a crucial question whether or not they could have happened to Freud in Freiberg:

1. As a very small child Mr. Y took walks with his father in the beautiful forest adjoining his home town. Such forests existed half a mile from Freiberg.

2. Mr. Y’s screen-memory, which is the central topic of the analysis, has a rural setting—a sloping meadow, a farmhouse and a peasant woman wearing a kerchief. Exactly such rural scenery was to be found in Freiberg and the Slovak peasants there did wear kerchiefs.

3. Mr. Y describes the journey from his home town to the large city as consisting of two phases: first, they used a horse-drawn carriage and then a railway, which the boy saw for the first time in his life. Since Freiberg had no railway station at that time the family Freud had to use some kind of horse-drawn vehicle in order to get to the fairly distant railway station.

Of course the sparse characteristics of his home town as given by Mr. Y do not permit of its identification. It was just one of any number of small towns surrounded by forests and hills, off the railroad tracks, as was Freiberg. And this is just what proves our point. Thus all the incidents learned from Mr. Y’s early childhood are either known of Freud’s childhood also or could have happened in Freud’s home town.

IV.

Of his adolescence Mr. Y mentions two incidents; first, at the age of seventeen he re-visited his birthplace; and secondly, three years later while on a vacation in the “distant city” he saw again

his uncle and cousins. In both episodes we find a perfect parallel in Freud's life. Freud says that he re-visited Freiberg while on vacation, as a high-school student of sixteen (3). Since Freud was born in May, his exact age at the time of the summer vacation was from sixteen years and two months to sixteen years and four months. This is fairly close to the seventeen years mentioned by Mr. Y, though not close enough. However, I feel that this difference has little weight in the light of the following striking coincidence. Mr. Y—as one remembers—re-visited his birthplace “as the guest of a family with whom we had been friendly in the past”. Freud says that he visited Freiberg “as the guest of the family Fluss” (3). From other sources I learn that father Fluss and his children were close friends of the family Freud. They had remained in Freiberg and at the time of Freud's vacation visit were very prosperous again (15). The same had happened to the vacation host of Mr. Y.²

‘At the age of nineteen I was for the first time in England’, says Freud (5). Three years have passed since his visit to his home town. The same interval between the two journeys occurs in Mr. Y's story. At nineteen Freud was a medical student, submerged in books, feeling his way through disorganized efforts in chemistry and zoology like Mr. Y, who, at that time, was devoted to books, and “abstruse” studies. Freud's half-brother, like Mr. Y's uncle, was prosperous again at the time of the visit.³

Of his adult life Mr. Y mentions the fact that he had to fight hard for a position in his chosen profession. He speaks also of his love of the Alps and the Alpine flora. It is well known that Freud struggled in the same way and that he shared Mr. Y's love of mountains and high meadows. In the *Dream Interpretation*, Freud's fondness for mountain hiking is frequently mentioned and in many other places he refers to this relaxation, as, for instance, in the famous analysis of Katharina in his *Studies on Hysteria*. In this connection a little episode—which happened well over sixty

² Just in order to be exact I want to note here that Mr. Y refers to his trip to his home town as his first vacation in the country while Freud remarks that he had spent, during his high-school days, several vacations at a spa in Moravia (6). But staying at a spa with one's own family is hardly a “vacation in the country”.

³ Wittels (14) and Anna Bernays (1) both say that Freud made the journey to England “on leaving school” at the age of eighteen. Wittels quotes no authority for his statement and Anna Bernays' memory is not too reliable in some details, as various remarks in her paper would tend to prove. Thus until new evidence appears, I rely on Freud's precise statement.

years after Mr. Y was so impressed by a certain dark yellow Alpine flower—might be worth recording.

"On the occasion of Freud's eightieth birthday the teachers' seminar of the Vienna Psychoanalytic Institute pondered how to honor Freud. Finally the suggestion was made that a bunch of wild Alpine flowers would be very much appreciated by him and it would be different from the ordinary gift. It happened that a friend of ours was going to the high mountains at this time and was entrusted with finding the flowers. He came back with a lovely bunch of *Primula Auricula*. The youngest one in our group, a seventeen-year old girl, went out to deliver the flowers. To her great surprise Freud called her in and thanked her personally. He emphasized how much these flowers meant to him." (17)

V.

The life histories correspond so perfectly in all major points, and disagree in so few and in such small matters that the preceding comparison almost defeats its purpose. If Mr. Y is Freud in disguise, the lack of any disguising features seems rather amazing and puzzling. However, in 1899, Freud could well afford to be candid and frank. Except for his birthday and birthplace, his life history was completely unknown and not yet an object of curiosity to the public. He could feel safe in making few and very slight changes in Mr. Y's story since he used the strongest devices in the paragraph which introduces Mr. Y. Here Freud resorts to outright lies. He disguises his identity radically by means of contrast, assuring us that Mr. Y's profession "is far distant from psychology".⁴

By the way, Freud used this same technique in the other case in which he disguised his identity, in "The Moses of Michelangelo" (4).

⁴ Mr Y was relieved of a slight phobia by psychoanalysis. This, of course, functions as one more of the drastic devices of disguise but it might still be some sort of a confession. Freud analyzed himself between 1896 and 1899 and he undoubtedly benefited considerably by it. Whether he had had and had lost any "symptoms" and whether they were of a phobic nature, I do not know. The clinical observations on himself which Freud published in his studies on Coca (1884) (8), in the book on Aphasia (1891) (11), and in a note on Bernhardt's Paresis (1895) (10), do not indicate phobic symptoms but by no means do they exclude them either. Wilhelm Fliess who was Freud's closest friend during the period in question made the statement that Freud had freed himself of a phobia by self-analysis (16). Hanns Sachs reports Freud's habitual anxiety in missing a train (13) which could well be the residue of a railroad phobia. There are indications that Mr. Y's phobia, too, was concerned with travelling on railroads.

Further he alters the age of Mr. Y. Freud was forty-three when he wrote the paper. He makes Mr. Y younger, as Freud, who resented aging, naturally would have done. He chooses a round figure of five years which makes Mr. Y thirty-eight years of age.⁵

With these safeguards he can tell his own story frankly by substituting broad generalizations for names such as "a small country town" for Freiberg and "the distant city" for Manchester.⁶

Considering the possibility of a reader amongst his closest friends he might have wished to blurr the one conspicuous fact of his childhood—which to such a part of his audience might have characterized him individually. Thus he turns his nephew, one year his senior, and the latter's sister, into trivial cousins. This explains the one distortion which occurs in the narrative.

In his *Interpretation of Dreams* which appeared one year after the paper on "Screen-memories" was published, Freud started to reveal many details about himself and his past. And he continued to do so in later publications. From then on the method of slight disguise used on Mr. Y would not have worked any more. Is this the reason for the strange fate which befell this paper? In 1906 Freud assembled all of his scattered studies on psychoanalysis in one volume, *Sammlung kleiner Schriften zur Neurosenlehre* (7) but the paper on "Screen-memories" is not among them although it introduces and explains one of the basic concepts of psychoanalysis.⁷

It is true that at that time the main content of this paper was easily accessible in the chapter on "Kindheits-Erinnerungen"⁸ of

⁵ This "round figure" expresses—as Hanns Sachs points out in a letter to me—a direct and explicit wish of Freud who writes in his *Interpretation of Dreams* before 1899: "What are five years . . . that is no time at all for me." (*Ges. Schr.*, vol. II, p. 366). This remark refers to the long five years of the engagement period which he had to endure because he had not chosen a "bread-and-butter" profession.

⁶ The interview of Mr. Y is said to have occurred in 1898 at which time Freud was forty-two years old. At this age Freud turned his attention to his own childhood memories as did Mr. Y.

⁷ Vol. I of the *Collected Papers* is based on the *Sammlung*; therefore the paper "Ueber Deckerinnerungen" is omitted. A note in vol. IV, p. 476, says "a paper on 'Screen-memories' forming part of the *Psychopathology of Everyday Life*, 1904".

⁸ This chapter summarizes the findings of the paper on Screen-memories and illustrates them by means of two cases. One is taken from the original paper. The second—a substitution for the case of Mr. Y—is openly autobiographical and brings the famous childhood memory of the chest and the half-brother.

the *Psychopathologie des Alltagslebens* (12). But so were the ideas of some other articles which were republished in the *Sammlung*.

VI.

Since the comparison of all the known data shows a perfect correspondence between Mr. Y and Freud and since the occurring discrepancies or the lack of them seem to be explained plausibly enough, I feel it is safe to assume that in the case history of the man of thirty-eight Freud presented himself. This identification puts some new material at the disposal of the students of Freud's life and personality. In this paper I do not intend to discuss this material or to evaluate the changes it might enforce in some aspects of our current picture of Freud.

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FREUD AND SPINOZA*

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Any student of Spinoza who has had occasion to acquaint himself with the contributions of the psychoanalytic school of psychology cannot fail to be impressed by the many points of contact between the basic views of Freud and those of the seventeenth century philosopher. The congruence in essential elements is indeed so striking, the mood and direction of both thinkers, especially with regard to the theory of emotions, are so similar and so close that one must of necessity be amazed that no real attempt has heretofore been made on the part of the psychoanalysts to compare and to correlate their theoretical views with those of Spinoza.

The very few, mainly outsiders, who have so far called attention to this similarity of views have invariably expressed their astonishment that so little effort was forthcoming on the part of the psychoanalysts to establish such contact. "*Über die Trieblehre bei Spinoza*," says B. Alexander, "*über seine Theorie der Affekte und Leidenschaften bei den Psychoanalytikern kein Wort. Man sollte doch meinen, dass Spinoza bei den Psychoanalytikern Anklang finden müsste*."¹ Rathbun remarks that "there is a closer alliance of Spinoza's psychology with psychoanalysis than there is with any other modern school of psychology".² Bickel, whose article in the *Zentralblatt für Psychotherapie und ihre Grenzgebiete*³ is evidence of keen insight and deep understanding of Freud and Spinoza,

* Reprinted from: *Psychiatry*, Vol. 9, No. 2, pp. 99-108.

¹ Alexander, B., *Spinoza und die Psychoanalyse*, *Chronicon Spinozanum*, Vol. V, 1928, trans. from the Hungarian, p. 103.

² Rathbun, Constance, On Certain Similarities between Spinoza and Psychoanalysis. *Psychoanalytic Rev.* Jan. 1934, p. 14.

³ Bickel, Lothar, Über Beziehungen zwischen der Psychoanalyse und einer dynamischen Psychologie. Original in *Zentralblatt für Psychotherapie und ihre Grenzgebiete*. April, 1931, pp. 221-246. Reprinted in Bickel, Lothar, *Probleme und Ziele des Denkens*. Humanitas Verlag, Zurich, p. 36.

says: "*An Spinoza wird man bei der Lektüre Freuds erinnert und wundert sich, wie bei so starker Verwandtschaft der Gedankengänge man doch nirgends ausdrücklich an den Philosophen gemahnt wird.*"⁴

As to Freud himself, there is no question that he knew and had studied Spinoza. To what extent Spinoza had influenced him in his psychological studies is difficult to say. Possibly he knew Spinoza only as a philosopher and metaphysician. The only reference to Spinoza we were able to find was in a letter addressed to Siegfried Hessing, dated July 9, 1932, in answer to the latter's invitation to Freud to participate in the issuance of the *Spinoza-Festschrift* at the occasion of the tercentenary celebration of Spinoza's birth in 1932. Freud declined to contribute but paid homage to the philosopher in these words: "*Ich habe mein langes Leben hindurch der Person wie der Denkleistung des grossen Philosophen Spinoza eine ausserordentliche, etwas scheue Hochachtung entgegengebracht. Aber ich glaube diese Einstellung gibt mir nicht das Recht, etwas über ihn vor aller Welt zu sagen, besonders da ich nichts zu sagen wüsste, was nicht schon von Anderen gesagt worden ist.*"⁵

In spite of Freud's avowed acquaintance with Spinoza ("*mein langes Leben hindurch*") there is no evidence of any direct influence. Freud has arrived at his basic psychological views mainly by the *empirical road*, through the study of medicine and psychopathology, and he has developed these views almost to a system by the brilliance and genius of his own mind. In its origin psychoanalysis was a psychotherapeutic procedure and essentially it still is, though, as Freud proudly remarks, "compared with other psychotherapeutic procedures psychoanalysis is far and away the most powerful".⁶ However, by developing its implications, by following his scientific scent as he endeavored to trace various significant psychic manifestations to their origin and breeding place Freud strove to build up analysis into what he likes to call "a psychology of the depths of human nature" (*Tiefenpsychologie*). The method of growth of the "young science" was from the clinical and abnormal

⁴ Bickel's article calls attention to the relationship and kinship of Freudian thought not merely to Spinoza but even more so to the system of psychology of Constantine Brunner as presented in the latter's main philosophical work, *Die Lehre von dem Geistigen und dem Volke*; Berlin, Karl Schnabel Verlag, 1908.

⁵ *Spinoza-Festschrift*, ed. by Siegfried Hessing. Heidelberg, Verlag Karl Winter, 1932, p. 221.

⁶ *New Introductory Lectures on Psychoanalysis*, trans. by W. J. H. Sprott, New York, W. W. Norton & Co., 1933, p. 193, p. 209.

to the average and normal, and by continuously applying its principles to ever-widening spheres (art, religion, sociology, and civilization), its founder and his followers sought to establish the theoretical foundations of a psychology of human nature in general. The effort to *systematize* his psychological findings, to find all-encompassing theoretical principles, that would be the basis of a satisfactory knowledge of the nature of man characterizes the life and work of Freud and is evident in his many revisions of both minor and major principles. Freud, says Alexander,—“*fühlt das Bedürfnis, den theoretischen Unterbau seiner therapeutischen Lehre systematisch zu gestalten*”,⁷ and it is indeed to be regretted that he had not found the opportunity or the inclination to examine and evaluate critically the system of psychology of the *Ethics*.

The most general and fundamentally the most striking point of agreement⁸ between the two thinkers is their common assumption of a thoroughgoing *psychic determinism*. That Spinoza was one of the first of modern thinkers to view the world from a strictly deterministic standpoint is well known. But he was consistent in applying the doctrine of determinism to all spheres of thought whether he dealt with ethics, politics, religion, science or psychology. The inexorable laws of causality that permeate the infinite universe of necessity determine all things including man, and for this reason also the entirety of man, his physical as well as his psychical being.

Hence there is no faculty of “free will”. There are only individual volitions and these are individually determined. Neither is there freedom in understanding, nor do we have absolute power over memory and recollection. “In the same manner there can be shown that there cannot be found in the mind an absolute faculty of understanding, desiring, and loving.”⁹ Spinoza denies “that we have free power to suspend the judgment—a suspension of the judgment is in truth a perception and not free will”.¹⁰ Our entire affective life, our desires, emotions, passions are strictly determined. “For such emotions, as hate, wrath, envy, etc., considered in themselves follow from the same necessity and ability of nature as other individual things, and therefore they acknowledge certain causes

⁷ Alexander, B., *op. cit.*, p. 97.

⁸ In the course of our discussion it will be brought out that it is above all the *earlier theories* of Freud that are most in harmony with Spinozistic thought.

⁹ Spinoza, B., *Ethics*, New York. Everyman's Library, 1922, II, 48, Note.

¹⁰ *Ibid.* 49, Note.

through which they are understood."¹¹ Spinoza, as Bidney remarks, for the first time "applied the doctrine of laws of becoming to the mind as well as to the body".¹² In conformity with the spirit of modern science he took a *deterministic, mechanistic* view not only of the physical but of the mental as well, in all its ramifications, and he directly speaks of the mind as being a "spiritual automaton". Nothing happens in the mind that does not acknowledge a cause for its existence, and there is nothing free, arbitrary or accidental in its manifestations.

Freud's attitude towards the mental is strikingly identical. It is indeed the principle that "there is nothing arbitrary or undetermined in the psychic life",¹³ that has guided Freud in his manifold researches into psychic phenomena. Whether, as in *Psychopathology of Everyday Life*, he endeavors to discover the motives and reasons behind the forgetting, mislaying, errors, slips of the tongue and of the pen, or whether in his *Interpretation of Dreams* or in "free associations" he asks himself in each case why exactly these images, these associations, these ideas have come about and no other, or when in pathological cases he is inquiring into the nature and cause of the particular symptoms, he, like Spinoza, is aware in each case of the fact that a strict determinism rules all psychic events and that even the transient, the trivial, and the seemingly superficial point to definite causes which often may go deep into the structure of the mind and the personality of the individual. "There is a sense and purpose behind the slight functional disturbances of the daily life of healthy people."¹⁴ Hence like Spinoza he, too, denies "freedom of the will". "Many persons," he says, "argue against the assumption of an absolute psychic determinism by referring to an intense feeling of conviction that there is a free will. This feeling of conviction exists but is not incompatible with the belief in determinism."¹⁵ "Men think themselves free," says Spinoza, "inasmuch as they are conscious of their volition and desires, and as they are ignorant of the causes by which they are led to wish and desire, they do not even dream of their existence."¹⁶

¹¹ *Ibid.* III, Introduction.

¹² Bidney, D., *The Psychology and Ethics of Spinoza*, New Haven, Yale University Press, 1940, p. 14.

¹³ Freud, Sigmund, *Psychopathology of Everyday Life*, in *The Basic Writings of Sigmund Freud*. Trans. by A. A. Brill, New York, Modern Library, 1938, p. 152.

¹⁴ *Ibid.* p. 113.

¹⁵ *Ibid.* p. 161.

¹⁶ Spinoza, *op. cit.*, I, Appendix.

Everywhere the causally determined, the *mechanistic* aspects of life come to the fore. Freud hence speaks of "the peculiar mental mechanism which produces slips of the tongue";¹⁷ of the "mechanism of displacement" in delusional jealousy;¹⁸ of the "mechanism of dream formation"¹⁹ through distortion, displacement, condensation and over-determination; of the "automatic pleasure-pain mechanism" in the process of repression,²⁰ and emphasizes that even the so-called "free associations are subject to determination and not a matter of choice".²¹

Everywhere, then, the attitude is that the same logic, the same procedure, the same method of inquiry that prevail in the physical sciences must be applied to the mental realm as well—an approach that is typically Freudian and typically Spinozistic. "For nature," says Spinoza in his introduction to the study of emotions, "is always the same and one everywhere, and its ability and power of acting, that is the laws and rules of nature according to which all things are made and changed from one form into another are everywhere and always the same, and therefore one and the same manner must there be of understanding the nature of all things—and so I shall regard human actions and desires exactly as if I were dealing with lines, planes and bodies."²²

Common to both thinkers, furthermore, is the *biological approach* to the study of man. Man is an organism that must of necessity strive for *self-preservation*. What the law of inertia is in physics the law of self-preservation is in the organic world. Indeed, it is one and the same law according to which a given force, whether static or dynamic, must continue to exist with the same quantity of energy in the same state, or, in the same direction of movement, until it is changed in its direction or destroyed by another stronger force. "The endeavor wherewith a thing endeavors to persist in its being is nothing else than the actual essence of that thing," that is, "it follows necessarily from its determined nature."²³ Spinoza is consistent throughout in applying this principle of self-preservation. He bases upon it the "primary emotions" of pain, pleasure and desire which in turn are the elementary components of all

17 Freud, Sigmund, *A General Introduction to Psychoanalysis*, trans. by J. Riviere, New York, Garden City Pub. Co., 1943, p. 42.

18 *Ibid.* p. 224.

19 *Ibid.* p. 346.

20 Freud, *New Introductory Lectures*, p. 125.

21 See Freud, *General Introduction*, p. 98.

22 Spinoza, *op. cit.*, III, Introduction.

23 *Ibid.*, III, Prop. 7.

emotions. Indeed, ethical, rational life itself—which is, of course, by nature social—is based upon self-preservation. Proposition 24 of Part IV of the *Ethics* is practically a summary of Spinoza's views on ethical conduct. "To act absolutely according to virtue is nothing else in us than to act under the guidance of reason, to live so and to preserve one's being (these three have the same meaning) on the basis of seeking what is useful to oneself."

Freud, on the other hand, had emphasized the all-importance of the self-preservative instincts only in his earlier works. Later he saw himself forced to assume the existence of a "death-instinct", that is, of self-destructive tendencies in man which may and usually do turn outward in the form of aggression. He was led to it, as he himself states, largely in and through his endeavor to investigate the nature of *sadism* and *masochism*. In these two observations he believed to have found "two admirable examples of the fusion of two kinds of instincts, Eros and aggression".²⁴ Masochism, if the erotic component is disregarded for the moment, proves "the existence of a tendency which has self-destruction as its aim".²⁵ It is hence older than sadism since the latter is merely "the destructive instinct directed outward, thereby acquiring the character of aggressiveness".²⁶ This aggression may, of course, come up against objective hindrances, and so it may "turn back and increase the amount of self-destructiveness within".

The deeper reason, he thinks, which warrants the assumption of a death-instinct lies in the general tendency of life "toward the reinstatement of an earlier state of things", and the varied phenomena of *repetition-compulsion* are hence explained by the "conservative nature of instincts". The significant passage in his *New Introductory Lectures* is the following: "If it is true that once in an inconceivably remote past and in an unimaginable way life arose out of inanimate matter, then, in accordance with our hypothesis, an instinct must at the same time come into being whose aim it was to abolish life once more and to re-establish the inorganic state of things. If in the instinct we recognize the instinct to self-destruction of our hypothesis, then we can regard that impulse as the manifestation of a *death-instinct* which can never be absent in any vital process."²⁷

Freud's assumption, we believe, rests on a very thin basis. It is

²⁴ Freud, *New Introductory Lectures*, p. 143.

²⁵ *Ibid.*, p. 144.

²⁶ *Ibid.*, p. 144.

²⁷ *Ibid.*, p. 147.

neither logically nor empirically warranted. He introduces for the first time mythical and teleological elements in his theory and thus abandons the strictly scientific, dynamic approach which deals only with forces that are present in a situation and given in that situation only. To say that just because life has arisen at one time out of inorganic matter, there must be an instinct in life to return to that former state is illogical, ill-founded and extremely farfetched. One might as well argue in physics that if any force has been turned into a new direction it will have a tendency to go back to the old. It runs counter to the law of inertia and dynamic physics according to which any force once it has come into existence will continue to exist until it is destroyed by a stronger *external* force. Or, in the words of Spinoza who applies this law *equally to organic beings*: a thing "in so far as it exists as such is conceived to have force for persisting in existing",²⁸ that is, by the same force by which a thing is it continues to *be*. Hence "the endeavor wherewith a thing endeavors to persist in its being is nothing else than the *actual essence* of that thing—for everything, whether it be more or less perfect shall persist in existing *with the same force with which it began to exist*."²⁹ Therefore "nothing can be destroyed save by an external cause—nor can a thing have anything *within itself* whereby it can be destroyed, or which can take its existence from it; but on the other hand it is opposed to everything that could take its existence away"—and this endeavor "wherewith a thing endeavors to persist in its being involves no finite time but an indefinite time" so that considered in itself "by the same force by which it now exists, it will continue to exist for ever".³⁰

To posit a death-instinct alongside a life-instinct within the same personality is really contradictory and absurd. It leads Freud to conclusions that sound rather strange and bizarre, and he is indeed often aware of that fact himself. Thus, all drives for self-preservation, power and prestige become curiously "*Partialtriebe, dazu bestimmt, den eigenen Todesweg des Organismus zu sichern und andere Möglichkeiten der Rückkehr zum Anorganischen als die immanenten fernzuhalten*".³¹ The organism is thus saddled with a strange paradoxical behavior. It wants to die but it fights en-

²⁸ Spinoza, *op. cit.*, IV, 26.

²⁹ *Ibid.*, IV, Int.

³⁰ Spinoza, *op. cit.*, II, Prop. 4-8. Also see IV, Prop. 4. (The italics are mine in all of the above quotations.)

³¹ Freud, Sigmund, *Gesammelte Werke*, London, Imago Pub. Co., 1940, Vol. XIII. *Jenseits des Lustprinzips*, p. 41.

ergetically against all external forces that might help it reach its goal. It does this apparently because "it wants to die its own way"—*weil der Organismus nur auf seine Weise sterben will*".³²

It would lead us too far to consider all the manifold artificial speculations, the curious contortions of ideas and direct contradictions that Freud was led to by his "death-instinct". Spinoza's psychological views really contribute a necessary correction to this "*Verstiegenheit*" of Freudian thought. The earlier Freud was on more solid theoretical ground when he posited the *egoistic instincts* and the *sexual instincts* as the expression of the two forces, manifestly present in biological life, to wit: *The self-preservation of the individual* and *the self-preservation of the species*. These forces may be opposed at times to each other, and thus lead to conflict—but are not necessarily so. On the contrary, the species cannot exist without the individual, and the individual is unthinkable without the species: His earlier views have really proven to be fruitful,³³ and in the opinion of the writer will continue to be so, as they are more consistent with each other and more in harmony with what seem to be existing facts and states in nature.

The phenomena of *sadism* and *masochism* which were one of the reasons for Freud's new theoretical approach could, it seems to us, be more naturally fitted into, and explained by this earlier dichotomy of the individual and the species and their frequently conflicting interests. Indeed Constantin Brunner, in his *Liebe, Ehe, Mann und Weib*³⁴ has successfully explained the perversities as the result of the respective individual's more or less complete absorption by and identification with the species which because of its over-powering force often proves hostile to the life of the individual. Brunner's exposition of these phenomena can be seen to be quite in harmony with Freud's earlier emphasis on the two groups of instincts, which often oppose, and conflict with each other. The *repetition-compulsion* manifestations—which constitute another reason for Freud's change of theory—might be seen more easily as the natural result of the persevering tendency of each psychic event—perseverance-inertia; hence each force continues to exist and *recurs* as often as conditions permit—than as the mythical tendency to revert to earlier states. The "conservative nature of instincts",

³² *Ibid.*, p. 41.

³³ See, for example: *Frustration and Aggression* by Dollard, Doob, et al., Yale Univ. Press, who acknowledge the debt to Freud "entirely for his earlier writings".

³⁴ Brunner, Constantin, *Liebe, Ehe, Mann und Weib*, Potsdam, Verlag Gustav Kiepenheuer, 1924, see especially pp. 134-7.

which is quite correctly conceived, should not be misinterpreted, as it is in the "death-instinct" as the *regressive* nature of instincts.

Freud's concept of the *libido*, taken in its widest sense, and especially as later modified by the admission and inclusion of the ego-libido, comes very close to the Spinozistic concept of *desire* (*cupiditas*) which is defined as being "the very essence of man". At first Freud had defined libido as the "energy of the sexual impulses" which were set apart from and hence were conceived to be often in conflict with the "ego-instincts". The sexual instinct, as is known, is, of course, not taken by Freud in its narrower and specialized sense as aiming solely for reproduction. It is seen rather as being constituted of a "number of component instincts" arising from various regions of the body which strive for satisfaction more or less independently of one another, and find this satisfaction in something that may be called *organ pleasure*. The genitals are the latest of these *erotogenic zones*.³⁵ But, later in the study of the so-called narcissistic neuroses and psychoses even this broad connotation of the libido had to be broadened to include the concept of "ego-libido", that is, it was necessary to assume the possibility of a constant transformation of ego-libido into object-libido and vice versa. But then—Freud at one point pursues this thought to the end—"if this is so the two cannot differ from each other in their nature, and there is no point in distinguishing the energy of the one from the other; one can either drop the term 'libido' altogether or use it as meaning the same as psychic energy in general".³⁶ Freud admittedly is not very clear about the conceptual scope of the term "libido". In his *Kurzer Abriss der Psychoanalyse* he says frankly: "*Es ist richtig, dass die Libidotheorie keineswegs abgeschlossen und ihr Verhältnis zu einer allgemeinen Trieblehre noch nicht geklärt ist.*"³⁷ But he does continuously protest against the reproach of "pansexualism" which has so often been levelled against psychoanalysis. Psychoanalysis, he asserts, knows other psychic impulses, not merely sexual ones. He was continuously striving for a clarification of the libido theory. At one time he states that "it is probable that *narcissism* is the universal original condition out of which object-love develops later without thereby necessarily effecting a disappearance of the narcissism"³⁸—which would, of course, make ego-libido (self-love) even primary to sexual libido.

³⁵ Freud, *New Introductory Lectures*, p. 135.

³⁶ *Ibid.*, p. 141.

³⁷ Freud, *Ges. Werke*, *Kurzer Abriss der Psychoanalyse*, p. 420.

³⁸ Freud, *General Introduction*, p. 360.

Later, after assuming on the one hand the existence of a death-instinct to explain the various aggressive and destructive instincts, he posited "Eros" on the other as *including* the "sexual instincts in the widest sense of the word", that is, all life-preserving instincts "which are always trying to collect living substance together into even larger unities".³⁹ *Ego-instincts are thus brought together with the sexual instincts* in the one broad concept of *Eros* and the libido must hence be considered as applying to the Ego as well.⁴⁰

Thus "libido" transformed into "Eros" closely approximates, as was stated before, the concept of "*desire*" in Spinoza. But with Spinoza the concept of desire as "the very essence of man" is brought naturally and effortlessly into close relationship to the biological and conative aspects of psychical life. Indeed, it is the natural consequence of life itself. From the very principle of self-preservation—and considering the fact that our body, our life is at no moment stationary and self-sufficient but always rather in a state of insufficiency, lability and unbalance—consider the continuous necessity for breathing—it follows that we must always be in a *state of desire*, no matter how minimal its degree, either in order to continue the state of pleasure and well-being, or in order to avoid and ward off that of pain and destruction. Hence the pellucid remarks of Spinoza that desire is the very *essence* of man and that "pleasure and pain are desire itself, or appetite, in so far as it is increased or diminished by external causes, helped or hindered, that is they are the nature of every one".⁴¹

And here we are naturally led to our next topic, to Freud's concept of the "pleasure principle"—often he speaks of the "pleasure-pain-mechanism" which, as is known, he opposes to the "reality principle". Freud's terminology and speculation are again somewhat confusing. Though the "Eros" would *ipso facto* include the pleasure principle for the entirety of life, he sees fit to continue using the term "pleasure principle" and to designate its realm to be specifically over the blind libidinal forces of the "id". The function of the ego, on the other hand,—Spinoza would speak of the function of reason (*ratio*)—is to interpolate "between the desire and action the procrastinating factor of thought. In this way it dethrones the pleasure principle which exerts undisputed sway over

³⁹ Freud, *New Introductory Lectures*, p. 147.

⁴⁰ Freud, *Basic Writings*, History of the Psychoanalytic Movement, p. 966, and especially Psychopathology of Everyday Life, p. 66, Note.

⁴¹ Spinoza, *op. cit.*, III, p. 57.

the processes in the id and substitutes for it the reality principle which promises greater security and greater success."⁴²

This manner of speaking—"dethroning the pleasure principle"—does not make for clarity of thought. In asserting that the ego thus promises "greater security and greater success", he readmits the pleasure principle as the ultimate factor in ego-strivings as well. In fact, Freud himself later states that "on the whole the ego has to carry out the intention of the id",⁴³ that is, to help satisfy its desires for pleasure. And somewhat earlier he says: "The ego is after all only a part of the id, a part purposely modified by its proximity to the danger of reality."⁴⁴

Freud, therefore, does not succeed very well in his "metapsychological" speculations in "going beyond the pleasure principle". The manifestation of "repetition-compulsion", or the repeated terror dreams in traumatic neuroses, or the compulsion in patients who are being analyzed to repeat the unpleasant events of the infantile period in the process of transference—all these do not warrant Freud's assumption "*dass es im Seelenleben wirklich einen Wiederholungszwang gibt, der sich über das Lustprinzip hinaussetzt*".⁴⁵ These phenomena can be more easily explained, as was indicated before, by the inertia and *perseverance* of a force which, as Spinoza would say, is the very essence of that force. The fact of the recurrence of these phenomena must be ascribed to their own energy as opposed to that of the psyche which runs counter to them but is as yet impotent to overcome them. These phenomena have their own dynamics, their own "life-principle" as have bacteria or bacilli introduced into our bodies. Their reappearance is their continued existence because, to quote again from the *Ethics*, "everything shall persist in existing with the same force with which it began to exist"⁴⁶ until it is, of course, destroyed by some other force. Hence the greater the traumatic experience the more difficult it is to overcome it. The mind, says Spinoza, "in so far as it has both clear and distinct and confused ideas endeavors to persist in its being for an indefinite period".⁴⁷ And when applied specifically to the effects we read: "The force and increase of any passion and its *persistence in existing* are not defined by the power

⁴² Freud, *New Introductory Lectures*, p. 106.

⁴³ *Ibid.*, p. 108.

⁴⁴ *Ibid.*, p. 10.

⁴⁵ Freud, *Ges. Werke*, Das Ich und das Es, p. 21.

⁴⁶ Spinoza, *op. cit.*, IV, Int.

⁴⁷ *Ibid.*, III, Prop. 9.

whereby we endeavor to persist in existing, but by the *power of an external cause* compared with our own."⁴⁸ When it is said, then, that ideas or states are "compelled" to repeat themselves, that can only mean that they still have the intrinsic power of existence, and when given the proper conditions must hence reappear.

But this fact does not at all contradict the pleasure-pain principle nor does it go "beyond" it. On the contrary, we must necessarily combat any force that disturbs or threatens our existence or frustrates our desire. People with obsessional-compulsion neuroses or any other neurosis are sick people who wish to get well. In fact the very purpose of symptom formation in all these mental disorders is, as Freud himself says, to afford some sort of *gratification* as the result of a compromise between two opposed tendencies.

Freud is not consistent in the use of the term "pleasure principle" or "pleasure-pain principle" which is so often applied interchangeably. He is much more consistent in the practical application of the concepts to theory of *specific* mental disorders. In fact most of Freud's valuable contributions to psychopathology show that the assumption of the conflict between pain and pleasure—suppressed in the unconscious and hence depending upon therapy to be made conscious—is basic to a proper understanding of the psychic disorders. Freud himself was aware of and often frankly admitted the tentative and even tenuous nature of his speculations in his *Beyond the Pleasure Principle*. The title of this essay promises too much. One might readily get the impression that he has really "dethroned the pleasure principle". Actually it represents merely a speculative metapsychological attempt to think beyond it—an attempt which really never succeeds. The pleasure principle crops up in all his deliberations in one form or another, explicitly or implicitly, and in no attempt at explanation can he really do without it. He even remarks that "the pleasure principle seems to be virtually in service of the death-instincts".⁴⁹ And at the end he admits that "all that over which the pleasure principle has no power as yet does not therefore necessarily have to be in opposition to it".⁵⁰ Freud thus ultimately agrees again with Spinoza. The pleasure principle has not been dethroned. It reigns, on the contrary, supreme over all actions of man.

Perhaps the most valuable contribution of psychoanalysis to modern psychology is its investigation of, and emphasis on, *the*

⁴⁸ *Ibid.*, IV, Prop. 5. (The italics are mine.)

⁴⁹ Freud, *Ges. Werke*, *Jenseits des Lustprinzips*, p. 69.

⁵⁰ *Ibid.*, p. 67.

unconscious. We have seen so far many points of agreement between the psychologies of Freud and Spinoza. Our discussion of psychic determination, self-preservation, and the pain and pleasure principle has emphasized the close kinship of these ideas in both thinkers. Can the same be said about the *unconscious*? Opinions here differ. Alexander maintains: "*Der Begriff des Unbewussten wird bei Spinoza stark gestreift.*" Bickel's able discussion brings a good deal of evidence that the unconscious was implied in Spinoza's psychology and often directly referred to. Bidney, on the other hand, considers it unlikely that "Spinoza had any notion of the unconscious as an independent mental force determining human behavior".⁵¹

But the concept of the unconscious as an "independent mental force", as a distinct and separate system was later modified by Freud to a considerable extent. Not only the *id* but also the *ego* and *superego* can be partly unconscious. "*Nicht nur das Tiefste sondern auch das Höchste am Ich kann unbewusst sein.*"⁵² Freud was forced to abandon the use of the unconscious as a "topographical" system, that is, in the sense of a "mental province" and has therefore introduced the tripartite division of the mental into the *id*, *ego* and *superego*. But he warns us not to imagine sharp dividing lines in the "anatomy of the mental personality". "After we have made our separation we must allow what we have separated to merge again."⁵³

The concept of the unconscious has therefore become less rigid. The "preconscious" was introduced as an intermediate link, although it, too, is figured as part of the unconscious. Yet Freud maintained that there is a certain part of our mental life which can never become conscious.

If we keep in mind the important distinction between adequate and inadequate ideas as found in the *Ethics*, we find Spinoza saying the same thing and thus clearly anticipating the unconscious, which as part of his theory of the mind he puts on a *biological* basis. "The human mind does not involve an adequate knowledge of the component parts of the human body; these ideas of modifications are like consequences without premises, that is (as is self-evident) confused ideas."⁵⁴ That Spinoza knew of the unconscious and of the power of the unconscious—we do not minimize thereby

⁵¹ Bidney, D., *op. cit.*, p. 291.

⁵² Freud, *Ges. Werke*; Das Ich und das Es, p. 255.

⁵³ Freud, *New Introductory Lectures*, p. 110.

⁵⁴ Spinoza, B., *op. cit.*, II, Props. 24-29.

the richness, originality and value of Freud's own elaboration—is evident from the general conception and interpretation of the affective life of man. Emotion itself is defined as a "confused idea" which means that it is a psychic event that man knows or becomes conscious of only to a limited degree. He is aware of the strength of obscure libidinal forces in man. He has defined "desire", as will be recalled, as the very essence of man and emphasizes that "men are conscious of their actions and ignorant of the causes of them";⁵⁵ and "whether a man be conscious of his appetite or whether he be not his appetite remains the same notwithstanding".⁵⁶ And finally this noteworthy passage: "Men", he says, "are ignorant of the causes by which they are led to *wish* and *desire*, they do not even dream of their existence."⁵⁷

Both Spinoza and Freud agree on the basis of the pain-pleasure principle that we tend necessarily to *repress* unpleasant emotions and ideas. "The mind is averse to imagining those things which diminish or hinder its power and that of the body,—it endeavors as much as it can to remember things which will cut off their existence."⁵⁸ Many other familiar concepts current in psychoanalytic theory find their parallels, albeit in bare outline, in Spinoza's general doctrine of emotions. We are reminded of the *superego*⁵⁹ when we read what Spinoza has to say about "repentance" and the influence of parents and education in developing one's conscience,⁶⁰ of *narcissism* in the passage where pride (*superbia*) and self-love (*philautia*) are explained to us;⁶¹ of *ambivalence* of states of feelings when we read that "one and the same object can be the cause of many contrary emotions", and that often "we will hate and love that thing at the same time", which, of course, leads to *conflict*: "This disposition of the mind which arises from two contrary emotions is called a wavering of the mind (*animi fluctuatio*) and it

⁵⁵ *Ibid.*, III, 2, Note.

⁵⁶ *Ibid.*, III, Definition of the Emotions, I.

⁵⁷ *Ibid.*, I, Appendix. (The italics are mine.)

⁵⁸ *Ibid.*, III, 12, 13.

⁵⁹ Freud's notion of the *ego* and the *id* would roughly correspond to Spinoza's concept of "reason" and "imagination" (which deal respectively with *adequate* and *inadequate* ideas), or translated into conduct—of a life ruled by reason as opposed to a life ruled by passion. "In popular language," translates Freud himself, "we may say that the *ego* stands for reason and circumspection, while the *id* stands for untamed passions." See Freud, *New Introductory Lectures*, p. 107.

⁶⁰ Spinoza, B., *op. cit.*, III, Definition of Emotions, 27.

⁶¹ *Ibid.*, III, Definition of Emotions, 28.

has the same relation to emotions as doubt has to imagination."⁶²

There was already occasion before to refer to the "reality principle" which is practically equivalent to what Spinoza calls reason (*ratio*). Indeed, as Hamblin Smith remarks, the main purpose of the *Ethics* is "to point out how a complete adaptation to reality can best be obtained. This is, in itself, remarkably like the object of psychoanalysis".⁶³

And this brings us to the last point we wish to discuss here, namely, the astonishing agreement of both thinkers on what might be called the question of *therapy*. The unconscious drives and impulses which exert such powerful influences over us must first be brought up out of our psychic depths and be made conscious to us if we are to have any measure of control over them and if we are to integrate them into well-directed, purposeful living. In the *Ethics* we read: "The more an emotion is known to us the more it is within our power and the less the mind is passive to it;" and somewhat later "this remedy for emotions which consists in a true knowledge of them is excelled by nothing in our power we can think of."⁶⁴

The *therapeutic possibility of psychoanalysis*, the fact that we can bring about not only mental but also somatic changes such as the disappearance of symptoms through mental treatment; that we can, so to speak, attack a disease through the mental side, lies in the psychophysical parallelism or rather in the *ultimate identity of body and mind*, a basic principle in Spinozistic thought. Thus psychoanalysis aims to break up and dissolve the psychic *fixations*, *blockings* and *obsessions* by bringing them out of the unconscious into the conscious, by rearranging the underlying ideas, impulses and emotions and by connecting them with reason and reality. And as the mental adjustment is made, the bodily symptoms disappear, "for the order and connection of the *modifications of the body* is made according as thoughts and the ideas of things are arranged and connected in the mind".⁶⁵

That Spinoza had a deep insight into the workings of the mind and had understood what Freud calls "the adhesiveness of the libido" and the resultant "fixations", "obsessions", and "repressions" is evident to anyone who makes a deeper study of the latter part of the *Ethics*. "The force of any passion or emotion can so surpass the

⁶² *Ibid.*, III, Prop. 17 and Note.

⁶³ Smith, M. Hamblin, Spinoza's Anticipation of Recent Psychological Development, *British J. of Psychology*, Medical Section, Vol. 5, Part IV, 1925, p. 257.

⁶⁴ Spinoza, B., *op. cit.*, IV, 3, 4.

⁶⁵ *Ibid.*, V, Prop. 1.

rest of the actions or the power of a man that the emotion adheres obstinately to him."⁶⁶ And is not an important element of the concept of "regression" anticipated in these words: "He who recollects a thing which he once enjoyed, desires to possess it under the same circumstances as those with which he enjoyed it first."⁶⁷ In "*obsessional neurosis*" there is a fixating force centered around these obsessional and repetitious acts which curtails the patient's former activities and restricts, hampers and hems in his mental life. All this "brings about an ever-increasing indecisiveness, loss of energy and curtailment of freedom".⁶⁸ Similarly in Spinoza: "An emotion is bad or harmful only in so far as the mind is prevented by it from thinking as much as before" and consequently it is necessary, in order to bring the stagnant mental life into flux again, to loosen the jammed condition, to remove the psychic blocking by connecting the emotions with many different things and showing it to be the result of many causes which have hitherto been unconscious. "An emotion which has reference to *many different causes* which the mind regards at the same time as the emotion itself is less harmful and we are less passive to it and less affected by each cause than another emotion equally great which has reference to one alone or fewer causes."⁶⁹

Thus we find Spinoza in general agreement with Freud not only in regard to important basic views but also to many of its minor consequences. To sum up briefly, the main points of agreement are:

The unqualified acceptance of both of a strict psychic determinism.

Both Spinoza and Freud accentuate the fundamental importance of self-preservation.

Spinoza's concept of "desire" as the essence of man is rather close to the Freudian "libido", especially in its later development when it tended to be conceived in the words of Brill "as a more comprehensive psychical function which strives for pleasure in general".⁷⁰

Both stress the all-importance of the pleasure-pain principle. Spinoza anticipates, as was shown, the concept of the uncon-

⁶⁶ *Ibid.*, III, 6.

⁶⁷ *Ibid.*, III, 36.

⁶⁸ Freud, *General Introduction*, p. 230.

⁶⁹ Spinoza, *op. cit.*, V, 9.

⁷⁰ Freud, *Psychopathology of Everyday Life*, p. 17.

scious by his general interpretation of the affective life of man and by various direct statements.

Both have pointed out the existence of dark primitive libidinal forces in man, the origin and nature of powerful asocial drives, and have thrown considerable light upon the dynamics of human motivations.

Spinoza finally is in agreement with Freud in the belief that conscious knowledge of our drives and emotions and adaptation to reality are the prerequisites to better adjustment and that reason can therefore be a powerful therapeutic factor in controlling the passions.

Let us say at the end that whether or not the student of psychoanalysis will consider the comparison attempted here strained at times, he will undoubtedly profit from a renewed study of Spinoza's doctrine of emotions and he will be surprised at the kinship of thought which he will find there. Psychoanalysts are bound to re-discover in the *Ethics* many valuable ideas in their search for, and endeavor to develop, a more systematic general psychology with which psychoanalytic theory may ultimately be integrated.

A VALEDICTORY ADDRESS*

By ERNEST JONES, M.D.

(London)

Hitherto whenever it has fallen to my lot to accept any honor or compliment I have been able to do so, and thus support my natural diffidence, in the name of the many colleagues whom I happened to represent. But on the present occasion, when the gift takes the form of a portrait of myself, and is accompanied by the establishment of an annual lecture in my name, it did not need your President's over-kind words of gratulation to assure me that this time there could be no mistaking the very personal expression of friendliness it was being my fortune to receive. For this I thank you with the warmest reciprocal feelings. We know how few are those who are entirely free of any need of recognition, or craving for the reassurance that it brings, and I do not claim to be of that elect band, if indeed it exists at all; but I can surely say that any such response is overshadowed by the more positive one of sheer pleasure in such gratifying tenders of friendship, tenders to which I can never remember failing to respond. Believe me, therefore, when I say that you have succeeded in your evident aim of giving me very great pleasure.

May I add a word or two about the gifts themselves? A leading newspaper said of the portrait, when it was being exhibited, that it was of a man who possessed no sense of humor, which, my friends will agree, only shows that even art critics are not always infallible. Since ancestral galleries are not in harmony with current fashions I shall be proud if the Institute will consent to accept the portrait as a memento of its founder. As to the lecture, it should seem to me to fulfil a most useful function if it can continue to lure from the outside world distinguished men of Professor Adrian's elevation

* Delivered before the British Psycho-Analytical Society on the of being presented with a portrait—July 3, 1946.

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to address us periodically and inspire us with broader perspectives than our specialized work can in its nature do.

You will expect me on this occasion, which may well be a leave-taking from the Society to which I have given so much of my life, to pass in brief review the reflections it must naturally bring to one's mind: reflections pertaining to the past, including the crucial years in the development of psychoanalysis, the present and the future.

It is more than forty years since I began to practice psychoanalysis, and I have wondered recently how we should at that time have pictured the present status of our work. I do not remember any of us deliberately speculating on what would be the position of psychoanalysis so far ahead: we were too much preoccupied with our current problems. It is somewhat hazardous to do so now in retrospect, but I am persuaded that had we been able to foresee the future we should have been very surprised in two respects. We should have not expected either the great lessening of external opposition in the years ahead nor the access of internal resistances among ourselves. I think we imagined ourselves remaining for a rather indefinite number of years a relatively small band of colleagues fighting tenaciously against the opposition of the outer world. Actually in the first ten or fifteen years this opposition was more intense than it is now easy to convey to a generation whose attitude towards sexual topics has so extensively changed since Edwardian times. It cost a considerable struggle, and needed a considerable measure of moral courage, to hold our own against it, and to survive at all. Those were the days of the so-called psychoanalytic movement, a term which personally I always deprecated as smacking too much of political propaganda. In more than one country there was talk of invoking the law to prohibit our heinous activities, and every kind of vituperation was directed against us. Freud once remarked, at the time of Jung's defection, that only Jews could resist such intense social opprobrium, but I suppose I was an exception that proved the rule. We saw very little prospect of interesting the world of science in psychoanalysis: in particular of engaging the attention of psychologists, general psychiatrists or the medical profession at large.

The scene is vastly changed today. Psychoanalysts have achieved an increasing respectability, their technical terms and conclusions are everywhere quoted, their opinions are sought after by the Press and even the B.B.C. (where they have reached the pinnacle of the Brains Trust), and—far more important than any of this—their

relations with their medical colleagues are on a serious professional basis. Psychiatrists have even been known to exhibit a shamefaced expression on admitting their imperfect acquaintance with the unconscious mind; and among educationalists, and, even *sub rosa* in certain ecclesiastical circles, the doctrine of original sin as an explanation of all vagaries of social behavior is very much at a discount. The Victorian shocked attitude at the idea of sexual perversions or the possibility of sexual "precocity" among children is rapidly disappearing since Freud's relation of these phenomena to comprehensive aspects of development.

I could easily go on elaborating these apparent successes resulting from our work, but in place of lulling you into a sense of self-satisfaction I consider it more profitable to warn you against accepting them at their face value and to direct your attention to some deeper implications. Freud himself was under no illusion concerning them, in spite of the honors many public and scientific bodies had bestowed on him. Just as he knew of no evidence that man's mental and moral nature had changed a whit since the advent of civilisation 10,000 years ago, so shortly before his death he told me that in his opinion the resistance of society against psychoanalysis, i. e. against knowledge of the unconscious, had in no way diminished during the half century of his labors; it had only become slightly camouflaged. This is an extreme view, to be sure, and it perhaps needs some modification. But what Freud doubtless had in mind was the analogy between, or rather the identity of, social resistance and individual resistance as manifested in our daily work. We are familiar with how the initial defenses of a patient, such superficial ones as shyness or prudishness, often crumble rapidly as the analytic work gets under way. But we expect—and we are never disappointed in this—that they will surely be replaced by firmer and more formidable defenses to broach which will task all our skill and patience. Now it is highly probable that the same sort of thing has been happening with what may be called the social resistances. The reactions of panic and anger which the impact of psychoanalysis evoked at first have to a great extent subsided, but the question is what defenses have taken their place? Whatever they are, society evidently feels much safer behind them than in its original precarious position, while on the other hand it cannot be denied that the life of the psychoanalyst has been rendered far more comfortable. But anyone who makes comfort his first aim in life is ill-advised to adopt the profession of psychoanalyst, since his progress will be extremely limited. Therefore, while being thankful for

being allowed to continue our work in comparative peace, and to make a living with no very great difficulty, we should be under no illusion concerning the social influence of psychoanalysis.

The question may very reasonably be asked: why need we trouble ourselves at all about the social effects of our work? In its essence, it may well be maintained, it is a scientific investigation having no other aim than the elucidation of the truth, and so long as we are allowed to pursue this is it not the end of the matter? To the purist it will no doubt seem so, and I should be the last to appear to detract from this high principle, which has always been the main guiding one of my life. Nevertheless, while belief in principles is of the highest value, it does not exempt one from the desirability of from time to time re-examining even them. Our psychological knowledge permits one to doubt the possibility of anyone being actuated solely by any single motive, such as the search for truth, so that it behoves us to inquire into the nature of other ones with which it has probably become blended, or, if you prefer, alloyed. And, indeed, we have an obvious example to hand in our daily work. After all, this consists in carrying out an investigation with a predetermined therapeutic aim, the relief of neurotic suffering. There must be very few analysts who regard this activity as nothing more than the yielding of material to further their scientific inquiries. After making all allowance for the cardinal importance of objectivity, we know we should not succeed in the therapeutic purpose in which we are engaged if we were not also actuated by more human, i. e. personal, motives of a social order: friendliness towards our fellow beings, desire to help them in difficulties, and so on. In other words, we undertake, and we feel, a moral responsibility towards our patients. Then there comes a further step in my argument. Should this responsibility be strictly confined to the patients who seek our help, or should it extend beyond them to the many others whom we know to be in need of similar help. Knowledge is said to give power, and very often it does. Now what degree of responsibility should be felt, or is actually felt, by those possessing such power? Clearly an individual question, but one worth pondering over. I myself, as do most of you, belong to a profession whose tradition it is to shoulder a good deal of such responsibility. Any doctor who discovers a useful therapeutic agent publishes it as a matter of course, and certainly not only for reasons of prestige; to keep such knowledge from his colleagues, and their patients, would seem to him intolerably anti-social behavior.

Knowledge of the unconscious mind certainly gives power, some actual and probably far more potential. When one thinks of the incalculable mass of neurotic misery in the world it is plainly our duty, and we have always acted on it, to inform our medical colleagues that important discoveries have been made about the nature and causes of this suffering, and further that they have put in our hands a valuable method of alleviating them. How much further should we go in trying to persuade and argue with those who deny the truth of these discoveries? That is a matter of temperament, partly of pugnacity, but when we go further do not let us deceive ourselves into the belief that we are acting purely from a sense of duty. All sorts of other motives come into play at once: intolerance of opposition because of the need of the reassurance that the assent of others gives, desire for prestige, success and recognition, and so on. We are then on the downward path leading to propaganda in the worst modern sense of the word and are diverging widely from our proper aims. Furthermore, experience teaches that such efforts are not only wasteful of emotional energy and concentration, but are mostly futile. To combat openly is to stimulate defenses and resistances. I cannot plead being altogether guiltless of such endeavors in my time, but I soon learned that there was a better method of dealing with opposition. And I learned it from two of the greatest of men, Darwin and Freud. For different temperamental reasons these men countered the savage attacks on their work in a very simple way—by producing more work. They showed by their example that the best answer to opponents of their discoveries was to make more discoveries, to continue their researches undeterred by the clamor. And that is the answer I give to those of my young critics who say I should have pursued more active propaganda. I have tried both ways and am convinced it is better to content oneself with publishing the results of one's work, in books, lectures, discussions before societies, or other means open to one, and to refrain from wasting time and effort in fruitless arguments which in any event will before long prove to be ephemeral. I advocate, therefore, a balanced attitude towards the matter of our relation with the outer world, and the avoidance of the extremes of isolation and of pugnacity. Those who adopt it, however, must expect to be heckled by extremists, and must bear that with what equanimity they may.

All this leads to a far graver and more difficult problem. There is much talk nowadays of the social responsibility scientists bear for the general consequences of their discoveries, and the British

Association has so far acceded to this demand as to institute a special section dealing with the social aspects of their work. In previous centuries scientists were prone to repudiate all such responsibility: partly on the ground that it should lie with those who decide what use to make of their discoveries, partly because the practical uses are often impossible to predict beforehand, and partly because they did not wish to be distracted from concentration on their legitimate and intricate occupation. One cannot but sympathize with these grounds, just as one does with a surgeon who tries to heal a broken arm irrespective of whether it will in the future commit a murder or not. The case is perhaps different, however, when it is a question of a purely beneficial effect potentially inherent in a scientific discovery, and the question may well arise then whether the author of it is not under some degree of social obligation to further the making use of his work. The present emergency in which the world finds itself, for example, is plainly connected with themes very familiar to psychoanalysis. The gravest imagineable disasters to the whole world may come about or be averted by the action of a relatively small number of men and will depend on how freely their minds are able to function. We see on every side a nursery atmosphere of suspicions, misunderstandings, malice, greed and other troublesome features of the international arena all of which are familiar to us as expressions of underlying anxiety and guilt. We know that we have a special knowledge concerning the nature and origin of these difficulties, and were we only given the opportunity could do much to alleviate them. What responsibility have we in this terrible situation where we could help and yet are in fact so very helpless? The very mention of such possibilities must surely bring home to those who plume themselves on the progress in the status of our work how practically untouched the social resistances to it still are, and how far those in need of our help are from taking seriously the very existence of such help. How many years will pass before no Foreign Secretary can be appointed without first presenting a psychoanalytical report on his mental stability and freedom from complexes? This is not the place for me to develop further this theme, weighty though it is, but I would suggest that a very profitable study could well be made of the nature and variety of what I have called the social resistances to psychoanalysis.

The second, and much more painful, surprise the analyst of forty years ago would encounter on viewing the present state of our work is the extraordinary divergencies among psychoanalysts: in theory, in technique, and above all in personal relationships.

At that time complete unity in all these respects was taken for granted, and the degree of harmony that existed among us remains as one of my happiest memories. To some extent, doubtless, it was due to the intense external opposition, just as we see a country uniting in face of a common danger and then relapsing into factions as soon as the danger vanishes. This, however, we did not foresee. Moreover, many of the divergencies in question are entirely healthy, resulting as they do from various advances in knowledge which in their nature are sporadic and limited to small groups at a time. The early analysts were in close and constant touch with one another, but now that the practice of analysis is so widely diffused through most countries of the globe one can no longer expect its exponents to march evenly in line. Another feature that was not foreseen in early days, when we regarded ourselves as impervious to racial, national or social influences, is the extent to which these environmental agencies can affect not merely an analyst's social or political outlook, which is perhaps inevitable, but the very nature of his daily work and the theories he forms of his analytic experiences. It cannot be chance, for instance, that in America, where quick returns are often rated higher than plodding work, we hear of much shorter analyses than we are accustomed to in Europe, and read case reports which look more like anamneses than analyses; or that in Asia preoccupation with religious philosophy strikes an unwonted note.

Leaving aside all these considerations, however, we must face the fact that the greater part of the divergencies and discords proceed from more personal sources, however much they may be disguised in the garb of theoretical differences. It has fallen to my lot to be behind the scenes, so to speak, in a number of those painful situations and I have no manner of doubt about the conclusion I have just enunciated. It presents an extraordinarily difficult problem because of the obvious impossibility in most cases of coming to close quarters with the personal factors concerned. It can, therefore, be attacked only on general lines. I will submit to you a few such general inferences that I have had to draw from this state of affairs. The first is pretty evident: namely, that to achieve anything like complete freedom and inner harmony by means of psychoanalysis is even harder than we sometimes like to think. One often underestimates, but never exaggerates, the strength of the resistances both in the individual and in society at large. Allied to this reflection is the thought that there may well be an innate factor akin to the General Intelligence G, the nature of which it still

remains to elucidate, but which may be of cardinal importance in the final endeavor to master the deepest infantile anxieties, to tolerate painful ego-dystonic impulses or affects, and so to attain the balanced mentality that is our ideal. It has occurred to me further that if such a factor can ever be isolated it may prove to have a physiological basis which will bring us back to the often neglected problems of heredity. The capacity to endure the non-gratification of a wish without either reacting to the privation or renouncing the wish, holding it as it were in suspense, probably corresponds with a neurological capacity, perhaps of an electrical nature, to retain the stimulating effects of an afferent impulse without immediately discharging them in an efferent direction. If our knowledge progresses along such lines as these it should in time provide us with a more objective criterion for the selection of future practitioners of analysis than any we at present possess. For there can be little doubt that analytic work imposes a greater strain on mental stability than almost any other activity one can think of. I am convinced that many people who manifest neurotic characters when engaged in such work would have remained satisfactorily stable had they devoted themselves to occupations demanding no immediate daily contact with the unconscious.

These are all the retrospective considerations I wish to bring before you on this occasion. As to the present situation in the analytic world I am, of course, especially concerned with the desirability of re-establishing the broken or impaired contacts among the numerous psychoanalytic societies in the new and the old hemisphere. It has been gratifying to discover that more and better nuclei of the Continental ones have survived the stresses of the war than we at one time thought likely, though there have been many deplorable losses among our colleagues in various countries. I intend soon to take up the question of the relations between the American and European groups, which the outbreak of war left in a state of suspension, and I do not know of any reason why it should not be satisfactorily solved.

To my mind the outstanding feature of the present time in our work is the remarkable diversity, not merely within any individual group, but also among the various societies. This is a very different state of affairs from, say, thirty years ago, when we could postulate a very similar level among all the groups then existing. The difference now is due to both internal and external factors. The most obvious of the latter ones depends on the age of the group. In places where psychoanalysis has been long estab-

lished, like London or New York, the attitude of the community is very different from that in an area where it has only recently been heard of, like Australia or South Africa. By now one has become familiar with the rather stereotyped phases which the advent of psychoanalysis seems to induce in one country after another. There is first the outcry of reprobation, accompanied always by queer misunderstandings and distortions of what psychoanalysis is supposed to be, then after a short phase of obscene witticisms among the intelligentsia the topic becomes a social vogue, with the opposite extreme of optimism concerning its power to work immediate miracles, and this is then followed by a grudging verbal acceptance with extensive affective discounting, one with which we are all familiar in this country. A noteworthy feature of present developments is the growth of psychoanalytic work in Latin countries, especially in South America. Publishers are competing for translations in both Spanish and Portuguese, and we have recently recognized two promising new societies there. The internal diversities, often amounting to divergencies, are to be found, as is to be expected, in larger established societies, particularly in the United States where perhaps the social attitudes of separatism and independence are favoring factors. The difficulties of transport and passports will evidently prevent any comprehensive reunion with our colleagues in other countries for some little time ahead, but when that event takes place it is sure to be extraordinarily interesting.

Finally, what can I say of the future of psychoanalysis? Prediction in this uncertain and changing world is notoriously a thankless occupation, and I am not prepared to take risks with any reputation for judgement I may possess. It may be more useful to try to influence the future in some small respects, and that I propose to attempt in the few words I am devoting to it.

In the first place it seems to me too late to hope that an attitude widely held in the early days of analysis can now be reinstated: I mean that which believed in not simply a close unity among analysts, a laudable enough aim, but in a veritable identity of their theoretical conclusions, their technique and their practice. The impossibility of this ideal is being recognized, and it is being replaced by the more practicable, though difficult enough, endeavor to distinguish between what constitutes the essential characteristics of psychoanalysis and what are superimposed and more varying features. Here we cannot do better than follow Freud's own definitions. Psychoanalysis is simply the study of mental processes of

which we are unaware, of what for the sake of brevity we call the unconscious. The psychoanalytic method of carrying out this study is that characterized by the free association technique of analyzing the observable phenomena of transference and resistance. As Freud himself said, anyone following this path is practicing psychoanalysis even if he comes to conclusions different from Freud's, as I myself have on several occasions, and it is plain that we should be forsaking the sphere of science for that of theology were we to regard those conclusions, much as we must respect them, as being sacrosanct and eternal. Whether we like it or not, we are compelled to take some risks in this matter, risks which in the earlier days of analysis were thought to be too great to face. After all, we have the excellent example of medicine before us. There, provided a person has passed through a thorough grounding in theory and practice, and has attained a definite standard of knowledge, he is subsequently free to modify both the theory and practice of what he has learnt. The assumption is that what is true and valuable may safely be left to future experience to decide, and that good and bad practitioners will in the course of time get sorted out. I know well, no one better, how much vexation the sight of inferior and perverted work inflicts, but I see no way of avoiding that. We must act on the same principles of freedom and tolerance as hold in all other branches of science if we wish to belong to a scientific profession.

It must by now be clear that the future of psychoanalysis, certainly in its day to day therapeutic work, is bound up with its relationship to medicine. A wider acceptance of psychoanalytic doctrine can come about only in this way. The idea of an independent profession which some analysts cherished a quarter of a century ago is one that belongs to the past. In the controversy about lay analysis that took place about that time, one which seriously disrupted whole Societies and nearly split the International Association, I took the stand which I still do. It was clear to me that if admission to the ranks of practicing analysts was *equally* open to medical and non-medical candidates the result in time would be a flooding of the latter, who would have little inducement to work through the arduous medical curriculum unnecessarily, and a gradual desertion of the former. We should in fact develop a separate and non-medical profession, which in my opinion would prove most injurious to the interests of our work. I held therefore that it should be an exception for a non-medical candidate to be admitted to training, and that this should be done only when he possessed pre-eminent psychological gifts. In practice no other Society has

been as liberal as ours in admitting non-medical candidates, and most societies in the world have barred them altogether. I maintain that the results have justified my policy. If anyone asserted that, in consequence of this strict selection, the talents of our non-medical analysts are greater than those of the medical ones, and their standard of work higher, I do not think it would be easy to refute it. We have the best of two worlds: our Society is fundamentally a medical one, but we have enlisted from elsewhere a number of exceptionally valuable members.

As to the approach to the medical profession, I think this needs to be primarily an indirect one. Instead of starting with any attempt to initiate them into the contents of the unconscious we need first, just as with our patients, to get them to realize the existence of the problems themselves. By that I mean the extraordinary frequency of neurotic reactions, the serious import of them and the severity of the suffering they bring. A great deal has already been done in this direction, and it is only fair to acknowledge that non-analytic psycho-therapists, with their wider access to publicity than we have ever aimed at, have here made a valuable contribution. The medical profession, and the world at large, is far more neurosis-conscious than it was forty years ago. Most doctors admit freely the existence of what they call a psychological element with the majority of their patients, and even accept it as an aetiological factor with many somatic conditions. All this is, of course, a very long way from appreciating the nature of unconscious activities, but it is a first and essential step. I hope this consideration will be borne in mind when the time comes for teaching medical students. I would rather provide them with first a biological and then a clinical approach than begin with a psychological one.

The word biological reminds me of something I wish to say about the fundamental aims of our investigations. In the first place we are, of course, concerned with the highly complex interplay of the various forces in the unconscious mind, and with the resulting influence on consciousness and on behavior. But I do not think the spirit of inquiry can rest there. It will seek to comprehend something about the very nature of these forces, including their biological origin. The Germans have a beautifully non-committal word *Trieb*, which Americans have translated by the useful term "drive". It applies to any driving force whether innate or acquired, and it can even be used, as Freud did in the phrase *Todestrieb*, to designate a general tendency immanent in all nature. Neither of these meanings has a specific biological connotation, as the English

word "instinct" has, and therefore it is misleading to translate the word *Todestrieb* by the expression "death instinct" or *Aggressionstrieb* by "aggressive instinct". To ascertain what exactly comprise the irreducible mental elements, particularly those of a dynamic nature, constitutes in my opinion one of our most fascinating final aims. These elements would necessarily have a somatic and probably a neurological equivalent, and in that way we should by scientific method have closely narrowed the age-old gap between mind and body. I venture to predict that then the antithesis which has baffled all the philosophers will be found to be based on an illusion. In other words, I do not think that the mind really exists as an entity—possibly a startling thing for a psychologist to say. When we talk of the mind influencing the body or the body influencing the mind we are merely using a convenient shorthand for a more cumbersome phrase such as "phenomena which in the present state of our knowledge we can describe only in terms that are customarily called mental (emotions, fantasies, and the like), appear to stand in a chronological causative sequence to others which at present we can refer to only in somatic phraseology". It is purely a matter of convenience and accessibility of approach whether we use one language or the other for our empirical purposes, and it would not be at all surprising that when a common formula is discovered for both it will be expressed only in mathematical terminology, as appears already to have happened in the physicists' attempt to define matter. In the meantime, therefore, do not let us beg the question by asserting that we have already isolated various mental elements, i. e. instincts, when we are probably still a considerable distance from that desirable goal.

It may seem to some of you that the tenor of my remarks may in places have been over-liberal in tendency, lacking in sufficient dogmatism or possibly even conviction. My sense of conviction, however, lies deeper. It is attached to a belief in the ultimate power of truth, and it is this that enables me to advocate with some confidence a greater tolerance towards diversities or even divergencies than is sometimes exhibited.

SLEEP, THE MOUTH, AND THE DREAM SCREEN*

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In this paper I make use of an old familiar conception of Freud's—the oral libido—to elucidate certain manifestations associated with sleep; and I apply ideas gained thereby to other observations of psychoanalytic practice and to psychoanalytic theory.

Freud, in *The Interpretation of Dreams* (10), assumes a wish to sleep, which he makes the prime reason for all dreaming, the dream being the great guardian of sleep. Of this wish he has little to say. In the *Introductory Lectures* (11), at the start of the discussion of dreams, he makes his famous, humorous statement about what we do when we go to sleep. He tells us that we strip off most of our ego with our clothes, glasses, false teeth and other removables, and assimilate ourselves to the babe newborn, or the babe *in utero*. This comparison struck M. J. Eisler (4) forcibly, and he reported several cases of sleep disturbance (not entirely lucid ones perhaps), which were intended to show that sleep was a regressive phenomenon, a return to a hypothetical preoral or apnoeic stage, such as might be imagined for the unborn child. Incidentally, however, Eisler made the important remark that the first going to sleep we know of takes place when the nursling has drunk its fill at the breast. Recently in the concluding remarks of a valuable symposium on sleep disturbances, Simmel (28) saw fit to call attention to Eisler's old statement, thinking it worthy of note even today.¹ Another author, Isakower (16), in an important paper, turns to the same familiar idea to explain certain hypnagogic phenomena that precede sleep and sleep-like states.

There is nothing new, therefore, in the idea that sleep, even in adults, repeats an orally determined infantile situation, and is consciously or unconsciously associated with the idea of being a

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¹ Cf. also Windholz, Maenchen, and Fenichel in the same Symposium.

satiated nursling; and the idea has found some limited application in psychoanalytic literature. I should like to present a few new findings relevant to this idea and exploit it more fully. To begin with, let me introduce a term, the *dream screen*. The dream screen, as I define it, is the surface on to which a dream appears to be projected. It is the blank background, present in the dream though not necessarily seen, and the visually perceived action in ordinary manifest dream contents takes place on it or before it. Theoretically it may be part of the latent or the manifest content, but this distinction is academic. The dream screen is not often noted or mentioned by the analytic patient, and in the practical business of dream interpretation, the analyst is not concerned with it.

The dream screen came to my notice when a young woman patient reported as follows: "I had my dream all ready for you; but while I was lying here looking at it, it turned over away from me, rolled up, and rolled away from me—over and over like two tumblers." She repeated the description several times at my request, so that I could substantiate the gist of her experience, namely, that the dream screen with the dream on it bent over backwards away from her, and then like a carpet or canvas rolled up and off into the distance with the rotary motion of machine tumblers. The idea naturally occurred that the patient was describing a hypnagogic phenomenon of the type reported by Isakower, who also mentions their occurrence on waking up, though he interprets those at the beginning of sleep. Forgetting dreams, as we know, is like no other forgetting. Like a patient's comments on awaking or when telling a dream ("This is an important dream", or "a stupid dream" and the like), forgetting or remembering a dream belongs to the dream content itself, and may be analyzed as a manifest dream element. Hence, when my patient's dream rolled away from her while she was on my couch, she was putting the final element into the dream. Theoretically, under pressure of her resistances, she was taking the last step in waking up (forgetting the dream) which was several hours after she had awakened in the conventional sense of returning to consciousness in bed. The dream screen rolling away was the final event in her complete awakening. As long as she remembered the dream, it might be said, she was partly asleep. Partial sleep, an idea suggested by posthypnotic and other phenomena, is coming to be employed in the explanation of certain apparently waking states.²

² Kubie (19). See also Grotjahn and French (14), Grotjahn (15) and the "Symposium" (28).

Isakower interprets the large masses that approach beginning sleepers as breasts. As it approaches the sleeper, the breast seems to grow; its convex surface flattens out and finally merges with the sleeper, often to the accompaniment of mouth sensations. My patient's belated waking up was the reverse experience. The flat dream screen curved over into a convex surface and went away. This appears to end the process that begins with going to sleep. When one falls asleep, the breast is taken into one's perceptual world: it flattens out or approaches flatness, and when one wakes up it disappears, reversing the events of its entrance. A dream appears to be projected on this flattened breast—the dream screen—provided, that is, that the dream is visual; for if there is no visual content the dream screen would be blank, and the manifest content would consist solely of impressions from other fields of perception. I shall try in this paper to show that there are such visually blank dreams, and shall also suggest their meaning.

Another dream of the patient referred to, appears to give us another glimpse of the dream screen. She dreamed of a large iron lattice work, which stood between her and the landscape. On analysis, this lattice was found to represent the metal frame pad which her mother had worn after an ablation of the breasts. The operation took place when the patient was seven, and a good part of her analysis revolved about the three year interval that began with the breast operation and ended with her mother's death. For these three years the patient had an unusually refractory amnesia to everything that touched upon her mother. In contrast, her dream life dealt almost exclusively with this stretch of time; so, when she forgot her dream—when it rolled away—her wish to avoid and forget the topics, mother and breast, was being realized.

The dream screen appears to represent the breast during sleep, but it is ordinarily obscured by the various derivatives of the pre-conscious and unconscious that locate themselves before it or upon it. These derivatives, according to Freud, are the intruders in sleep. They threaten to wake us up, and it is they in disguise that we see as the visual contents of the dream. On the other hand, the dream screen is sleep itself; it is not only the breast, but is as well that content of sleep or the dream which fulfils the wish to sleep, the wish that Freud assumes to enter into all dreaming. The dream screen is the representative of the wish to sleep. The visual contents represent its opponents, the wakers. The blank dream screen is the copy of primary infantile sleep.

Accordingly, there should be dreams without visual content

in which the dream screen appears by itself. Such dreams are obviously rare. They would be pure fulfilment, and under the circumstances the sleeper might not note that he had dreamed. The statement that a given night passed without a dream is always received sceptically by analysts, for dreams are readily forgotten and often come to mind later, when the dreamer, in analysis or by chance, has overcome a resistance. However, I suggest that in a special sense there are dreams without content, the special sense being one which the Russians, who call dreaming "seeing in sleep", might find hard to phrase. I refer to the visually blank dream, accompanied by lower level, so-called organic sensations. Such a dream, we may suppose, is what hungry babies are having when they smack their lips before awakening to cry for nourishment.

Confirmation that the visually blank dream does occur, and that it represents the breast situation in a nearly pure state, came from the dream life of a schizophrenic patient. This young woman, most clearly of all my patients, was fixed preoedipally on her mother. Her apparent heterosexuality was spurious, at times delusional; her true sexual interest was bound up exclusively (though entirely unconsciously) with mother surrogates. The dream I refer to was dreamed four times during her analysis, in each instance after a day spent shopping and lunching with a mother figure. Due to the pleasurable stimulation of such a day, she would enter an excited, blissful, erotic abstraction. That night she would have "no dream", as she said, but a sexual orgasm. This blank sexual dream each time heralded a hypomanic attack of varying duration, with grandiose and erotomanic content.

Orgasm during sleep without a remembered dream is, of course, familiar enough. Ferenczi (7) states that "pollutions" without a dream are incestuous, which is true but not illuminating. Some compulsive patients must masturbate before going to sleep to prevent sexual feeling from entering their frankly incestuous, but emotionally empty, dreams. But in the case I am speaking of, in spite of alternatives of slight probability, I am inclined to trust the patient's introspection that she had no visual dream, and to assume that she was stating a fact.

Certain other facts may be adduced in support. Her psychosis began with a stupor lasting several days, of which she could tell nothing. Efforts to pierce the amnesia surrounding those days brought out nothing but obvious confabulations, mixed with false "memories" of her infancy. The patient's orality in general was intense and pervasive. The elated delusional states that followed.

directly upon the herald dream, may be considered a belated part of the dream. The heterosexual delusions of the manic state correspond to the content that was lacking in the blank dream. They are the secondary elaboration and the denial of the wish fulfilled simply and purely in the dream: union with the mother in visually blank sleep. Her delusions were erotomanic reversals of content, such as we encounter frequently in the secondary elaboration of dreams. They resembled dream more than waking consciousness; for she thoroughly believed in the truth of her erotic fantasies as a sleeper believes in what he dreams. The same oral wishes dominated the dream and the manic attacks.

That manics may banish their sexual life completely into the realm of sleep was stated as far back as Abraham's first paper (1) on manic-depressive states. In the terminology of the time, Abraham attributes this to increased withdrawal into "autoerotism". Abraham's manic patient had ordinary erotic dreams, not blank ones followed by erotic delusions. It would harmonize with Abraham's later views on the role of orality in manic states (2) to say that the sleep manifestations in mania are oral in origin, even when in adults they culminate in genital orgasm. The blank dream of genital satisfaction, which follows an intense oral stimulation and heralds or initiates an elation, fulfils the requirements of the hypothetical primal dream. In the primal dream, the ego takes no part and does not exert its distorting influence. In short, this dream repeats the very young infant's dream after nursing—the dream which is pure breast or dream screen, and which fulfils the wish to sleep.

The dreams which Grotjahn (13) reports of a baby two years and four months old, are structurally far in advance of the blank dream screen. Grotjahn says: "Sleep, to which the child in very early infancy devotes most of its time, seems to be much more important and preferable to waking life during the first year . . . During early childhood the waking state seems to be a continuation of getting the same pleasure as in sleep by similar means." Like my patient of the blank dream, the very young ego carries dream wishes and dream mechanisms into waking life, with less distortion to be sure. The young ego does not separate dreams from waking. The taste hallucinations of the very young baby's first dream have everything any other taste sensation has, except the real chemical basis. Yet in the dream they have the spurious psychological reality that sleep provides the dreamer; and if in waking life the baby recaptures this sense of dream reality, it is foreshadowing what may happen later in a psychosis. As in my patient's case, the sense of reality may

be carried over from the dream on to the secondarily elaborated delusions that serve as a cover, a defense and an attempt at recovery.

Piaget's (23) questioning of small children about "where they dream" furnishes us no useful information. Usually the children (older than the ones we have in mind) told him that their dream was in the room or in their eyes, although one little boy said, inexplicably in terms of Piaget's method, that he dreamed in his mouth. To have followed this up would have gone beyond Piaget's fixed questionnaire and spoiled the tabulations.

I return at this point to an element in Isakower's description of falling asleep—the flattening of the world, equated or reduced to a breast, as it is taken into the mouth. This flattening brings to mind the same process in the case of Natalja N's influencing machine, described by Tausk (29). It will be recalled that with the appearance of new areas of depersonalization in Natalja N's own body, a smoothing out took place in the corresponding areas of the machine, which was a sacrophagal replica of her own body. When she lost her capacity for genital feeling, the genital knobiness on the machine disappeared, and similarly the other organs and parts that were alienated from her body ego lost their roundness on the machine and flattened out. By a clever piece of psychoanalytic algebra, Tausk equated the machine to the genital (invoking dream symbolism), and since the machine was also her body, he equated the body with the genital. Tausk's paper, which professes to treat of the most primitive ego states, omits all reference to the breast and orality. Influenced by his equation, Tausk assumes that the libido is still genital, and the formulations he applies are accordingly derived from the psychology of genital sexuality, as his terminology and analogies prove. For example, he speaks of "body finding" when the infant is learning to know its own body and is investing its parts with libido; and this term he invents by analogy with the term "object finding", which belongs to later object libidinal psychology. Following consistently the scheme of genital development, Tausk uses only the conception of object regression to explain the changes in Natalja N's symptoms and libido distribution, skips over the early oral phenomena and the breast, and lands at a hypothetical intrauterine stage of elementary narcissism. Tausk thinks of the bodily part as if it were a love object, and interprets the withdrawal of libido from it as if this were a regression from object love to narcissism, which gets him into difficulties not satisfactorily solved by his ideas about two kinds of narcissism. Though he defines the object of the libido (or its absence) in Natalja N,

Tausk ignores the other attribute ascribed by Freud to an erotic impulse, namely, its aim.

The time that has passed since Tausk's paper was published (in 1919), and the discoveries and literature of the intervening years warrant a revaluation of his findings. There will be some gain, especially, if we invoke early oral rather than genital conceptions, and libidinal aim rather than object relationship to explain some of the changes that took place in Natalja N's influencing machine. The smoothing out of the machine suggests the flattening of the breast in the hypnagogic hallucination. A third part, therefore, might be added to Tausk's classic equation of body and genital, so that it would read: body equals genital equals breast.³ According to this line of thought, the breakdown of Natalja N's body ego boundaries would be due to an oral ingestion of the parts, a partial autocannibalism (to follow Abraham's terminology[2]), and the disappearance of each part of her body would mean that she had in fantasy swallowed that part. The particular piece of the world represented by the organ-representation is subjected to a (partial) world destruction.

It will be recalled that Spring (27) in his study of world destruction fantasies (12) came to the conclusion that world destruction was an oral act, an ingestion of the world. Spring's schizophrenic patients and Dr. Schreber (as Spring's reworking of the *Autobiography* proved) identified themselves with the world, then destroyed it by swallowing it. World destruction and the abolition of bodily boundaries follow the same course. Indeed, the idea that bodily boundaries are lost because of oral action is already familiar to us in many other connections. The baby does not distinguish between its body and the breast, and Isakower makes use of this idea to explain the hypnagogic events preceding sleep. Ego boundaries are lost when there is a fusion with the breast; the absence of ego boundaries implies an antecedent oral event.

That the ego boundaries are lost in sleep and dreams we know, due to Federn's classic paper (5). I should like to utilize Federn's discovery to support my contention that the dreamer, or sleeper, remains in unified contact with the breast and that this determines constant characteristics of the dream, such as the dream screen, which are not always readily noted. Federn's finding that the body ego disappears in sleep is to be aligned with the analogous loss of Natalja N's boundaries and interpreted in the same way. The sleeper has identified himself with the breast and has eaten and

³ See Lewin (20), pp. 36, ff. and 43, ff., for a discussion of this point.

retained all the parts of himself which do not appear outlined or symbolized in the manifest dream content. The sleeper has eaten himself up, completely or partially, like Natalja N or Dr. Schreber, and become divested of his body—which then is lost, merged in its identification with the vastly enlarged and flattened breast, the dream screen. In short, the sleeper has lost his ego boundaries because when he went to sleep he became united with the breast. Representations of the body or its parts in the visual content of the dream then mean that the body or the part is awake. It is an intruder and disturber of sleep. Symbols of the phallus, for example, appearing in the dream, represent the unconscious or preconscious waking of that part and signify a tendency to wake up, which opposes the tendency expressed by the dream screen—that is, pure fulfilment of the wish to sleep. The visual content of the dream in general represents the wakers; the dream screen, primary infantile sleep.

Beyond the witty remarks alluded to, in which he compares it with undressing, Freud has little to say of the process of falling asleep. In *The Interpretation of Dreams* he assumes the wish to sleep as the great motive for all dream-making, but of this wish as such he offers no explanation. So, in order that Freud's almost casual remarks about the sleeper's return to the uterus may not be thought to offset what I have brought forward about the oral meaning of sleep, it should be noted that what we know of so-called intrauterine regression is in fact our acquaintance with fantasies of returning to the womb.⁴ So far as they have been studied, such fantasies appear to be based on oral ideas. Thus, in claustrophobia (21), where the retreat to the uterus is used as a defense, and the fantasy represents a going into hiding, the mother's body is always pictured as being entered orally, either actively or passively. Either one bites one's way in or one is swallowed by the mother. To rejoin the mother, whether inside or out, appears to rest on the oral pattern and to get its basic mold from the earliest oral experiences. The foetus with which the claustrophobe identifies himself is a retroprojected neonate and is supposed to be either eating or sleeping. The fantasy of returning to the mother's body is a secondary fantasy, combining the idea of union with the mother at the breast and later impressions.

I referred above to the two polar ideas of eating and being eaten and their interchangeability. This interchangeability is intrinsic in oral psychology. The effect of eating is an identification

⁴ Freud, Ferenczi (8), Simmel (28).

with the thing eaten. As Isakower and others have stated, there is primarily no appreciation in the baby of the distinction between itself—that is, its skin and mouth—and the surface of the mother's breast. The baby does not know what it is eating: it may be eating something on the breast or in the breast, or something that belongs to itself. Perhaps for this reason, the psychology of the skin is closely bound up with oral eroticism.⁵ Certainly in many cases, patients equate skin lesions with bites. From their dreams I learned that two depressed patients believed that their skin symptoms were due to worms eating their dead body. They thereby identified themselves with dead mothers. Another version says that the skin is a mouth, and when there are multiple lesions, many mouths. Healing and treatment are regarded as "skin-feeding". It is tempting to wonder, in passing, whether the mouth may not originally have been felt as a wound, so that the first healing attempt (to use the schizophrenic term) coincides with eating. The possibility of this interpretation is indicated by the fantasies reported in Nunberg's paper (22) on schizophrenic attempts at cure.

The dream screen may partake of cutaneous qualities; the original fusion of breast and the sleeper's skin in babyhood may enable the skin to register itself on the dream screen. This point is still obscure. One of the depressed patients referred to above dreamed of being in a small bed under a bassinet, which was protecting her from swarms of mosquitoes that were trying to bite through the netting. She awoke scratching. The bassinet represented her skin, but a skin without sensation projected from her body against the dream background. The other depressed patient, during an attack of poison ivy, in a dream projected her very much awake and rather disfiguring lesions not on to a screen or neutral surface but on to the round arms of her children's nurse, in the form of beautiful tattooed pictures. This is more in line with Natalja N's projections; tattooing does not itch, and some of the poison ivy lesions were on the patient's genital, which along with other "pictures", her children at the time were very much interested in seeing. But the nurse's tattooing did not represent only the patient's body and genital; it also referred to the tattooing of her mother's chest after the breast ablation. The patient's awakened skin was projected on to an unusual representative of the breast, to put it into the region of sleep.

The appearance of sleep at the end of the oral series—hunger, nursing, satiety—prompts us to find a place for it in the psychology

⁵ Cf. Fenichel (28).

and symptomatology of the disorders which repeat this sequence in pathological form. We should expect sleep to be represented in the psychology of manic-depressive and allied conditions, and in pharmacotymia. The frequent finding that death and sleep are equated psychologically suggests itself as a proper point of departure, especially since the interesting metapsychological treatment given this topic by Jekels and Bergler (3, 17) and by Jekels independently (18). My own approach does not involve metapsychology or the dual theory of instincts but proceeds from a consideration of the meaning of the stubborn insomnia of certain depressions.

The neurotic depression of the woman who dreamed of the bassinet will serve for illustration. A persistent insomnia, her presenting symptom, which had been present for eleven years, began shortly after the death of her mother. The first analytic material showed that the patient feared going to sleep, and that the devices she used ostensibly to put herself to sleep, such as reading, in fact had the contrary effect; furthermore, that she feared going to sleep because she was afraid of dreaming. When she overcame this fear and began to dream, it turned out that all her dreams dealt with her dead mother. Once she dreamed of the Heaven which, when she was a child, her pious mother had depicted to her, and of which the mother herself had dreamed in her last illness. The patient's dreams were fulfilments of the wish to be a passive, submissive child, although she was an aggressive person in waking life. About the time of the bassinet dream, for example, she dreamed of being wheeled in a baby carriage by her nurse. In many dreams she rejoined her mother, and it was clear that beneath the more superficial fear of dreaming was a fear of dying. This fear could be analyzed: it concealed the corresponding wish to die, and this wish in turn meant an infantile wish to sleep with her mother. The idea of sleeping with her mother had several implications; but at the age of three, she remembered, she had waked up in bed next to her sleeping mother, and wondered whether her mother was asleep or dead. In short, her conflict was whether to sleep with her mother and be dead, or to stay awake and alive. The sleep she feared was not the pure sleep of the satiated infant—this she desired—but the complex, dreaming sleep, from which she could not trust her censorship to delete the wish to die. Her vigil was designed to frustrate the entrance of her wish to die (perceived with anxiety) into the visual manifest content of her sleep.

To recapitulate, the neurotic fear of sleeping was based on a fear of death, which warded off a wish to die. The wish to die re-

presented the infantile wish to sleep in union with the mother. The prototype of this wish for death is the wish for the undisturbed, blank sleep, that is the probable state of mind of the satiated sleeping infant. This was the death yearned for in the depression. This blank sleep would be the fulfilment of Freud's assumed wish to sleep. Many neurotic wishes for death are basically the desire for oral satisfaction and the ensuing sleep. Death fears are the anxious equivalent of this wish. Suicide and suicidal fantasies represent a breaking through in a distorted form of the primitive wish for infantile sleep.

Strict analytic logic compels us to see in the wish to sleep a wish to be eaten up. Falling asleep coincides with the baby's ingestion of the breast; the result is an identification with what was eaten. Hence, the wish to fall asleep means an assumption of the qualities of what was eaten, including, in accord with animistic mentality, the wish to be eaten. The ramifications of this wish in psychoanalytic theory and practice require fuller discussion; but as we meet it in the neurotic depressions with insomnia, it coincides completely with the wish to sleep. In some of the dreams cited above, there are indications of its appearance as such, notably where the skin is the recipient organ for the biting.

Infantile sleep that follows nursing has not received adequate attention in formulations of the narcissistic neuroses. It has not been included in the chain of oral phenomena that underlies the events of manic-depressive and pharmacothymic disorders. Yet there should be no difficulty in fitting it into the sequences which Rado (24, 25, 26) formulated. For in the intoxications, most of the drugs produce not only elation but a subsequent sleep as well, and the wish for sleep may rank more or less with the wish for elation, or be considered as part of the same wish. In the pharmacothymic's fantasy, elation would include or be followed by the same effect that the baby gets from drinking—namely, sleep. Rado's category, "bliss" after oral satisfaction, need only be broadened to include the sleep of early infancy.

Similarly, in the affective disorders, the primary infantile wish to sleep should play a role in fantastic or real suicide. Without some such hypothesis, we must fall back on the assumption of a primary impulse to kill one's self, and equate this with the primary, inwardly directed death impulse, a metapsychological proposition, which, to be sure, in no way conflicts with the clinical, oral hypothesis.⁶ Or, if we fall back upon the tested idea that suicide is sym-

⁶ Cf. Zilboorg (30).

bolic murder, we cannot rest analytically with this statement as if it were a primary premise. For the statement implies an identification with the object and this in turn an antecedent oral event. Therefore, it does not contravert the idea that the wish to die that motivates suicidal fantasies repeats the earliest wish to sleep. In the affective disorders, Rado's sequence would need a slight expansion. Again we should add the provision that the bliss sought and obtained at the mother's breast includes the sleep that follows. Perhaps it is in sleep or while going to sleep that the hypothetical "alimentary orgasm" takes place. In the pharmacothymic series, we have only to add the sleep that comes from the drug; and among the pharmacothymic sequelae, we find symbolic infantile sleep represented, when, as Rado puts it, the pharmacothymic regime breaks down and the addict turns to fantasies of suicide—to infantile sleep at any cost. Thus, sleep, mania, suicide and world destruction complete and partial, are all the very different results of the same simple, primary, oral wish.

Rado has correctly stated that the person who kills himself does not believe he is entering death, but immortality, the *paradis artificiel* of the addict's imagining. But there is another, an unwelcome immortality, as we know from the deathlessness, or extreme longevity, of the Wandering Jew, to whom it was a curse and a doom. Because he did not permit Christ bearing the Cross to rest in his shop, this character had a rare penalty inflicted upon him: long life. I suspect that this extraordinary sentence represents the "immortality" of the sleepless, a bad case of insomnia. The poor Wandering Jew, for his sin against the weary Christ, may not sleep until the Second Coming, a prospect that still appears remote.

In conclusion, I recapitulate the main points made in this paper. The baby's sleep is without visual dream content. It follows oral satiety. Later hypnagogic events preceding sleep represent an incorporation of the breast (Isakower), those that follow occasionally may show the breast departing. The breast is represented in sleep by the dream screen. The dream screen also represents the fulfilment of the wish to sleep. The intruding preconscious or unconscious wishes that threaten to wake the sleeper from the visual contents, and lose their place in the sleeper's ego by being projected on to or before the dream screen. The visual contents fulfil wishes other than the wish to sleep, and are the mental life during sleep to which Aristotle refers in his definition of the dream. The pure infantile dream without visual content, which repeats the infantile situation, was found heralding states of elation. The flattening out

of the breast into the dream screen is analogous to the smoothing of Natalja N's influencing machine, and the unreal figures of Dr. Schreber's *Weltuntergang*. Finally, the blank sleep of oral satiety is seen to fit readily into the sequences which underlie the psychology of the narcissistic neuroses, to be one of the oral desiderata of the drug addictions, and the prototype of the death implied in the fantasy of suicide.

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PSYCHOANALYTIC INVESTIGATIONS IN MELANCHOLIAS AND OTHER TYPES OF DEPRESSIONS*

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The characteristic feature of the manic-depressive psychosis syndrome is the extreme affective oscillation from euphoria to melancholia, which occurs periodically and which does not lead to dementia. According to classic psychiatry, these are affective disturbances which have their origin in organic factors, with psychic causes entering only as accessory factors of secondary importance.

However, classic psychiatry recognized the existence of similar states in which psychological factors were essential. Thus, interest centered in classifying the melancholias or the manias into the endogenous type of organic etiology, and the rarer psychogenic type, caused by psychic reaction to internal or external influences. The prevalence of the endogenous type of manic-depressive psychosis was apparently demonstrated by its occurrence in individuals whose family backgrounds showed similar types of diseases. These patients appeared to have in common a definite type of constitution: in general, they were short, heavy, and squarely built; what Kretschmer called *pyknic*, and with *cyclothymic* temperament.

From this psychiatric base psychoanalytic investigation took its departure. Studies were concentrated upon melancholia, because it presented the most frequent, strange, and disturbing psychological picture. Karl Abraham began to investigate it, reporting his findings in two very important papers.

The first (1911) (1) was based on the psychoanalytic study of six patients. In each of them he found a fundamental psychological situation similar to that in compulsion neurosis, characterized by strong ambivalent tendencies, i. e., a mixture of love and hate

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toward the libidinal object. The patient was dimly aware of this situation even though it did not reach his full consciousness. It was as though the patient, after realizing his own ambivalence, said to himself: "I cannot love these people, I feel compelled to hate them." Consequently, troubled by remorse, he would develop certain other ideas, such as: "People do not love me; they hate me for my own inherent defects. This is what makes me feel disgusted and depressed."

In other words, depression originates in the guilt feelings about his own sadism which the patient tries to repress at any cost. In this he does not succeed since the poorly repressed sadism becomes evident in more or less veiled aggressions. The same can be observed in manic patients who frequently are manifestly aggressive. Furthermore, mania is an attempt to overcome the latent aggressive situation by escaping from it; as, for example, by a flight of ideas which defends the patient from concentrating on an aggressive theme.

The second paper by Abraham (1916) (2) followed the publication of the third edition of Freud's *Three Contributions to the Theory of Sex*, which present the pregenital stages of the libido (1916) (6).

The first pregenital stage of libidinal organization is the "oral-cannibalistic". In this stage the different component impulses are centered around the oral instincts, the labial mucosa are the main erogenous zone, and the sexual aim consists in the introduction of the love-object into the mouth.

The sexual character of this organization had been recognized previously by Lindner (1879) (13) who studied the sucking of the infant and understood its significance as a libidinal orgasm. (The sexual perversions performed by the mouth, and the normal phenomenon of kissing were later understood similarly, and are otherwise inexplicable.)

However, psychoanalytic literature lacked studies in corresponding psychopathological material on the earliest sexual organization. Abraham filled this gap by a report of several cases from his clinical experiences.

In particular, he described a patient with simple schizophrenia whose mouth had remained his most important erogenous zone. During all of his puberty, milk had an intense attraction for him; he would suck it from the glass as if he were at the breast, pressing his tongue against the palate. Spontaneously the patient spoke of "oral pollutions", meaning that his mouth would fill with saliva whenever he had an exciting dream.

These facts clearly demonstrate the patient's fixation to the oral libidinal stage, which is normally of no great importance beyond the second year of life. On the other hand, the taste of meat reminded the patient of the taste of milk, and he had fantasies of biting a woman's breast. Furthermore, he stated that to him, to love a person was identical with eating something good. The patient himself described this attitude as "cannibalistic", at a time prior to Freud's use of this same term.

It is obvious that the oral instinctual organization frequently remains operative, not only in neurotic persons, but also, for example, in primitive people who wean their children as late as the fourth or even the sixth year of their lives. The child born in civilized countries and forced to give up the mother's breast abruptly, will express his rejection of weaning by insisting on getting the substitute food from his mother only.

In other cases, especially in women, the desire for the breast will be changed into a wish for sweets. Abraham described a neurotic girl who stopped genital masturbation because of fear, and then developed a craving for sweets; this signified a regression from the devaluated genital instinctual organization to the more primitive oral one.

The same is true for some frigid women who produce attacks of violent hunger instead of the repressed genital wish. The oral regressive nature of this symptom is obvious in cases such as that reported by Abraham, of a woman who had to get up two or three times a night to eat abundantly.

In such patients there is a direct oral sexual satisfaction in the incorporation of food. There will be no thumb-sucking, because thumb-sucking usually appears after the sexual evolution has developed to the point where libidinal satisfaction is independent, to a certain extent, of the instinct of hunger. Children who suck their thumbs do not display increased desire for food. Besides, sucking one's finger does not appear as strange a behavior as seeking sexual satisfaction by eating, especially if we consider that oral pleasure by kissing is a trait common to most adults.

Finger-sucking is an autoerotic form of masturbation. As a person grows up, it may be substituted by genital masturbation, and regression to finger-sucking may take place if any conflicts occur in relation to masturbation. One of Abraham's patients was a man with severe insomnia. In his infancy he had persistently sucked his thumb, a habit that his family fought by smearing his fingers with bitter substances. Thereafter the child sucked the

sheets and pillows; this, in turn, was prevented by the family, whereupon the patient secretly began to bite the wood of his bed. When he reached puberty, he masturbated genitally with great intensity, until he was twenty years old, when he tried to desist. This struggle resulted in persistent insomnia; he took sedatives, but he became accustomed to them, and then had to struggle against this habit also. When he began his analysis to overcome these autoerotic practices he clandestinely resumed thumb-sucking, that is, the oral autoeroticism of his infancy.

It is essential to take into account these phenomena and the oral libidinal organization in general, to understand the psychology of melancholia. Above all, it must be emphasized that autoerotic oral satisfaction may serve as a means to overcome depression. Thus, a nine-year-old girl could get up from bed only after drinking a glass of milk. Another patient of Abraham's, a cyclothymic woman, controlled her depressions by eating and by riding on a trolley car for hours. Still another, a young man, extremely dependent on his mother, with related dissatisfactions in his work, developed a state of sadness which he overcame by remaining in bed and letting his mother feed him with milk. The real reason for this became clear in his analysis when it was found out that he had a strong fixation on his mother's breast.

Since eating is used to combat depressions, the "suggestive" value of medicaments can be understood. They, too, are a means of oral satisfaction. However, the opposite symptom of those depressed patients who refuse to take food becomes all the more enigmatic. Such attitudes must also be understood on the basis of the libido development. These patients regress to the primitive stage of oral cannibalism and once in that instinctual state they seek to incorporate the object orally, i. e., to devour it. Such intense aggressive tendencies arouse the patients' guilt feelings of which they want to rid themselves.

In this way, the self-reproaches of melancholic patients are to be interpreted. When a patient considers himself a great criminal, he confesses in a disguised way his latent wish to devour. In one case this latent situation became manifest to a striking degree when the patient believed himself to be a werewolf, that is, a human being able to turn into a wolf and devour people and animals.

By the complete refusal of food, the melancholic patient tries to liberate himself from such latent wishes. Furthermore, abstinence from food is used as self-punishment for the wish to devour, in strict accordance with the Talionic laws. This is a dangerous psy-

chological situation because the persistence of such behavior might result in the patient's death by starvation. However, as this fear is commonly expressed by the patient, the importance of the oral libidinal regression in the genesis of melancholia again becomes clear, even though in a negative way.

In summary, it was Abraham's two papers that made evident the significance of sadism and orality in melancholia. But it was only in 1916-1917, with the publication of Freud's "Mourning and Melancholia" (7) that a more complete, dynamic and economic understanding of the melancholic process was obtained.

To arrive at a psychological understanding of melancholia, Freud compared it to the state called mourning in which a person finds himself after the loss of a dear one, as for example, after the death of a close relative. Actually, the external aspects of both afflictions justify the comparison because in both sadness, lack of interest in the environment, and inhibition are the outstanding characteristics.

If we attempt to understand the melancholic patient by means of such analogies, we may ask: how can the pain and grief of a person in mourning be explained? Clearly it has been caused by the loss he has suffered. In the process of mourning for a dear one, the person must succeed in detaching his libidinal cathexes, that is, the affects, from the various intra-psychic representations of the lost object. Because of psychic inertia this process constitutes an effort, and, therefore, the work of mourning is painful. In common language: it is painful to forget someone we have loved.

Going back to the melancholic: what was the genesis of the patient's sadness? Psychoanalytic investigations were able to show that the melancholic, too, has lost a beloved object; the main difference from the person in mourning being that frequently the loss has not occurred in external reality but only in the mind of the patient, who for certain reasons was forced to break off his psychological attachment to a love object. That is, a love relationship was broken off because of disappointment. This process, however, remains hidden, as it does not occur in the patient's consciousness. The sick person does not want to take cognizance of it, and, therefore, carries through the affective separation unconsciously.

Thus, the loss (real or intrapsychic) of a valued object is the common basis of both normal mourning and pathological melancholia, the difference being consciousness or unconsciousness of the entire process. However, what is of much greater importance is the psychological fact that the melancholic behaves not as though

he had actually lost a very highly valued external object; he does not react to the loss with lack of interest in his environment; he acts as if what he had really lost were his own ego, because he lacks interest mainly in himself. In fact, the melancholic considers himself worthless and wishes his own death. Part of his conscious ego turns against the other part with all sorts of recriminations.

This means that the melancholic ignores the loss of an object and instead reproaches himself. A clue to this enigma may be gained from the observation of cases in which many of the self-reproaches are unjustified with regard to the patient but may justifiably be directed against the object.¹

In such cases it becomes possible to observe that actually the reproaches of the melancholic are primarily directed against an external love object who by his behavior had provoked affective difficulties. The melancholic has reacted, however, as if he himself were responsible for the unpleasant situation. Genetically, *the complaints of the melancholic are accusations*. This also is shown in a direct way by the fact that the melancholic, despite his attitude of grief, frequently behaves in a disagreeable and aggressive manner toward his environment, which stands in sharp contradiction to his alleged remorse.

The psychic process could be described as follows: by disappointment in or offense from an external object the patient feels compelled to break the libidinal relations with this object. This he does not in a straightforward way, but by means of an *identification* in his ego with the object. The ego of the melancholic person tries to become similar to that of the object. Thus, as Freud said, "the shadow of the object falls upon the ego". In its identification, the latter will become the target of those same reproaches that originally were directed against the object.

Not every person will necessarily react with such complicated psychological elaborations. This reaction presupposes specific libidinal situations. The object fixation that caused the deviation must have been very intense and, at the same time, very labile. This contradictory situation comes about when the object has been chosen upon a narcissistic basis, that is, when the subject has sought resemblance to himself in the external object. Thus the object acquires the all-pervading importance the subject had attributed to himself; the libidinal union between subject and object can be traced easily in the ego by the far-reaching similarity be-

¹ Cf. Abraham's patient, p. 83.

tween the ego and the object. Then instead of loving or hating the object, the person loves or hates himself.

Narcissistic object choice is characteristic of the child. The melancholic has regressed to that primitive level. He relates himself to the object in accordance with the early way of love, that is, by identification in the ambivalent oral-cannibalistic manner of an early stage of libidinal development. The melancholic tries to obtain possession of the object by devouring it. The paper by Abraham mentioned above shows clearly this latent libidinal attitude of the melancholic and also the struggle against it in the form of food refusal.

Melancholia can be understood psychologically if we consider this twofold process. It is primarily a mourning process similar to normal mourning caused by the loss of the affective relationship with an object, and it is also a regressive process from a narcissistically selected object to a more primitive narcissism, in the course of which the patient introjects the object. By means of this narcissistic identification he is really tormenting his object when he torments himself, whence he derives pleasure from his behavior. In fact, the melancholic might even commit suicide with the unconscious aim of destroying the torturing object.²

The relationship of the melancholic to his object is ambivalent. There is love and hate simultaneously, and a series of partial fights with the object takes place. Hatred seeks to destroy the object, and love to preserve it, even in the form of an identification within the ego. These situations are unconscious because the conscious ego represses an affect in which ambivalence is the outstanding feature.

The situation does not remain so painful continually. At the end of the melancholia, mania emerges. Why? The melancholic elaborations of the various affective connections with the object, as discussed above, play the part of injuries the pain of which the patient tries to diminish by intense counter-cathexes. That is to say, the patient attempts to overcome his conflicts by means of psychic energies. As time passes, the melancholic elaborations become useless because the fight between hate and love has itself brought about the resolution of the libidinal conflicts. By tormenting himself, the subject has resolved his difficulties with the object. Once the affective wounds have disappeared the counter-cathexes become unnecessary there and are freed, their energy can be used by the ego. In this way it has at its disposal a force that it

² For a study of the determinants of suicide, see the chapter on that topic in my book, *Sadism and Masochism in Behavior* (8).

lacked before, like a person to whom "a fortune suddenly has fallen". Then, the ego, the victor in these conflicts and hence full of new energies, is in the satisfactory position of one who rightly celebrates a triumph, which is expressed in the manic phase.

Freud's "Mourning and Melancholia" provided the firm basis that permitted Abraham (1924) (3) to continue his previous investigations. He further supported his earlier studies by clinical findings in two almost complete psychoanalyses of patients who were doubtlessly manic-depressive psychotics, and also by intensive investigation in several other cases. He thus arrived at important conclusions not only with regard to cyclothymic psychosis but also to other mental disturbances and to libidinal development in general.

A long time before he had formulated the above statements, Abraham had been struck by the similarity between the free intervals of apparent "asymptomatic" periods of melancholic patients and the general picture of obsessive-compulsive neurotics. On the basis of this evident similarity Abraham asked himself: how can it happen that in some patients only the latter disease develops and not also the former? More precisely, why do obsessive-compulsive neurotics not also develop melancholia?

Hence he concluded that since the "asymptomatic" period of melancholia resembled the normal state of obsessive-compulsive neurosis, both processes must originate in the same instinctual situation, namely, in the anal-sadistic phase of the libidinal development. But, in contrast to the course in obsessive compulsion, the psychotic melancholic loses psychic contact with the objects of his environment; therefore, Abraham concluded further that the anal-sadistic phase must consist of heterogenous phases, which give rise to different pathological pictures.

Starting from the well-known fact that in the anal-sadistic phase a person handles his libidinal objects as if they were feces, Abraham demonstrated that there are two different types of anality. A person might retain his feces, or he might expel them, i. e., turn them into external objects. Thus, with certain primitive people, the person who has just lost a relative defecates on the tomb, that is, he loses his feces at the place of mourning. Similarly, one of Abraham's patients could get rid of an object only by dropping it from the back of her skirt as if it were excrements. Nevertheless, the desire to retain the feces instead of the object is reflected in other types of behavior.

In this phase of instinctual development the anal tendencies

are paralleled by sadistic tendencies. Sadism can be exercised by dominating an object as a possession one wishes to keep, or else by destroying it. These two aspects of sadism correspond to the two aspects of anality: retention and expulsion.

Therefore, the loss of an object may unconsciously be perceived as a result of destructive sadism or anal expulsion. An example of this is the sadistic act, occurring in war, of (unnecessarily) killing the holders of a trench, which is called "mopping up". The same is true for the conservative tendencies of anal retention and of sadistic domination of the object. In the so-called "housewife neurosis", the anal retentive wish is manifested by reaction formations, namely, by the exaggerated desire for cleanliness and the satisfaction of sadistic possessiveness by domination of the entire household.

Taking into consideration these two types of tendencies in the anal-sadistic phase, we must remember that the more primitive ones are those that aim at destruction and expulsion of the object. To this type of wish the melancholic regresses when in his psychosis he loses contact with the environmental objects. When he is "cured", he progresses to the free interval, trying to retain and control his objects with anal-sadistic possessiveness similar to that of the obsessive-compulsive neurotic.

The melancholic does not restrict himself to discarding his object but furthermore he substitutively introjects it into his ego, as shown by Freud in his "Mourning and Melancholia". Abraham confirmed these findings in the interesting psychological material about an old maid with a father fixation who, when the police arrested her father because he had committed a robbery, developed melancholic delusions in which she accused herself of being a thief. Thus she demonstrated her introjection of her father. Another patient, who during his analysis suffered the loss of his wife after a Caesarean, developed a depression with complete loss of appetite. In a dream he saw the body of his wife come to life again; and in another part of the dream, cannibalistic ideas appeared with the latent meaning of an introjection of his deceased wife, which was to compensate for her absence.

The mechanism of projection therefore proves to be normal during a period of mourning in normal individuals. Abraham himself adduced as an example the whitening of his own hair after the death of his father who had white hair. What distinguishes the situation of the melancholic from the normal process of mourning is that the object has been lost only unconsciously and not really;

in addition, the presence of strong ambivalent feelings toward the object necessitates the turning of hostility against the self.³

Close examination of the mechanism of introjection in a melancholic patient disclosed further interesting features. The patient left his fiancée and then developed as a symptom contraction of the anal sphincter; symbolically, an effort to retain the feces which represented the external object that had been eliminated. A few days later he had a fantasy of compulsively eating feces, which meant that he wanted to introject again, and orally, the object eliminated as feces.

The patient expelled the object anally and destroyed it sadistically, like the "valuable" feces. In other words, he identified his feces with the dead body, that is, with the object that unconsciously he had desired to kill.⁴ (In this context it must be remembered that the earliest mourning rituals consisted in devouring the body.)

This material permits the conclusion that while it is true that the melancholic has a fixation to the earlier stage of the anal-sadistic libidinal phase, he simultaneously has oral tendencies to devour the object.

These deductions are not hypothetical, but are supported by a large amount of clinical material. Moreover, the great frequency of perverted oral tendencies in melancholics leads to the same conclusion, as does the fact that they frequently display specific discomfort related to their wish to bite and devour external objects. Besides such discomfort, based on aggressive orality, there appears the wish to realize the libidinal regression in order to be able, free from sadism, to suck the mother's breast.

This last wish was particularly obvious in one case where the patient during one analytic session covered his face with a pillow as if it were his mother's breast. Another depressive patient relieved himself by drinking a glass of milk.

On the basis of these observations we arrive at the conclusion

³ Another psychic disturbance in which identification plays a major role is homosexuality, as Abraham demonstrated with very convincing material.

⁴ In this patient the symptoms were easy to interpret. This is not always the case, as could be shown in another patient of Abraham's whose main symptom consisted in looking for buttons of mother-of-pearl whenever he walked. These buttons had unconsciously the significance of excrements, by way of their very contrasting polish and cleanliness. They had become associated with infantile fantasies related to sea-shells which the patient found during the opening of a road and which represented his ambivalence toward his mother. For the patient the smooth surface of the sea-shells symbolized the good mother, while the dirty ones signified the bad mother.

that, as in the anal phase, there are two stages in the oral libidinal phase also. One, the more primitive, pre-ambivalent, is concentrated in the wish to suck the object; whereas the following one has cannibalistic elements included.

According to these data and to deeper psychoanalytic material, Abraham formulated his important hypotheses about the psychogenesis of melancholia. He found the following elements to be fundamental:

(1) A constitutional and hereditary factor, in conjunction with hyper-cathexed oral eroticism.

(2) A special fixation at the oral libidinal phase, demonstrated by the intensity of pleasure or displeasure in oral activities, especially during infancy.

(3) A severe injury to infantile narcissism because of repeated love disappointments, which creates in the patient the compulsive tendency to repeat these disappointments, and which therefore perpetuates an extremely ambivalent attitude to the object.

(4) The occurrence of the first disappointment at an age prior to that in which the oedipal wish was dominant, thus establishing permanent fusion between the oedipus complex and oral-sadistic wishes. (Abraham contends that the primary dysthymia of the future melancholic is caused by his failure in getting his mother's support in his fight against his father, which results in the disappointment in the mother.)

(5) The repetition throughout life of that particular primary disappointment; this series of disappointments acquiring pathologic importance because to the patient they mean the repetition of the primary disappointment and give rise to the cannibalistic anger directed against the bad mother of his infancy.

The infantile necessity to accept the mother as she is makes the patient repress his oral-cannibalistic and anal-sadistic wishes, in his relationship with the object and its derivatives. That is the origin of his self-accusations; he considers himself the greatest criminal because, unconsciously, the melancholic has wished his mother's death. The opposite attitude of an open and direct aggression also appears in the patient's provocative behavior and in his ideas of superiority. His self-depreciation stemming from his feelings of inadequacy in failing to overcome all his conflicts is so great that he will not permit himself the realization of all his wishes.

The primitive conflict with the mother and the necessity to accept her despite her occasional "badness" result in the double

introjection by the melancholic of the object. It is introjected into his superego, thus assuming the role of conscience, as evidenced by the fact that this conscience directs a variety of criticisms against the rest of his personality, similar to those that his mother directed against him in his early infancy. On the other hand, it is introjected into his ego, as evidenced by the content of his self-reproaches which is, at the same time, extremely critical of the object. This was well exemplified in a patient who had the delusion that he had filled the sanatorium with lice; this delusion signified his resentment of his mother's having had too many children who filled the home. In another patient the obsessive interest in prostitutes constituted a reproach against his mother for not having paid enough attention to him but having preferred his father sexually.

To summarize: Confronted with his disappointment in love, the melancholic tries first to eliminate the object as if it were feces, and then to introject and devour it. He identifies himself narcissistically with the object and with his self-accusations takes revenge on it, tormenting himself in his object-identification. In this way his aggressive wishes are satisfied and resolved with the opportunity for the external object to again occupy its real place in the patient's affects at the end of this process. Such liberation of the object from its hidden place in the ego again will be carried out as a defecatory act: one patient experienced the regaining of his health by a dream in which he eliminated a cork from his anus. That is, the object underwent in the patient a real metabolic process of a digestive nature, which began with the oral introjection and ended with the anal elimination.

If we now briefly discuss mania, we must state first that, although it appears to be a non-inhibited process, mania has the same psychological contents as melancholia, and is, in the same way, under the dominance of a cruel and potent superego. However, the manic patient succeeds partially in the liberation from the yoke of the superego, and consequently there develops an increase in his oral wishes, either directly by the "swallowing mania" or, in a sublimated way, as a desire to devour visual impressions. He cannot retain the latter but is forced to eliminate them, as soon as he has received them, which results in a flight of ideas or of acts. The thoughts, too, are considered by him as excrements.

Róheim has shown that primitive mourning symbolizes the desire to kill and devour the deceased person, that is, the repetition of the oedipal crime. The same happens in the manic attack; it

has the significance of a cannibalistic orgy in which the ego celebrates the festival of its liberation.

As was shown by Freud, mania is the totemic festival. Thus, in a manic excitation a patient had the delusion of being the Emperor Nero, because, as he explained, he had killed his mother.⁵

Mania, melancholia, and obsessive-compulsive neurosis thus center in the same conflict. It is a conflict arising from the wish to commit, though only in fantasy, the oedipal crime against the father. (Actually, aggression is directed rather against the phallic mother.) In the obsessive neurosis the patient uses a series of measures to prevent the possibility of actually carrying out his (unconscious) evil plans, but in the other two pathological states they are carried out, as it were; with intense guilt-feelings in melancholia, and with the sensation of a great victory in mania.

The early work of Abraham and Freud showed the mechanisms of melancholia with its roots in earliest libidinal stages: anal-sadistic and oral-cannibalistic. On the basis of these data and of his analysis of the ego and its mechanisms, Rado (1927) (14) was able further to elucidate the deeper essence of melancholias.

He found that the melancholic is a person with great narcissistic needs and, in addition, with great narcissistic intolerance even in apparently normal periods. Melancholics depend entirely on external objects; they behave like those children who have suffered narcissistic injury, and seek to correct their self-esteem and to support themselves with the help of the external object.

Therefore the melancholic tries by all means to gain the love of the people in his environment. But if his conduct yields results, he changes his behavior. He reacts as if the love he received were something due him without any obligation on his part to reciprocity. This behavior provokes the loss of the object which, in turn, produces in the patient great irritability and aggressiveness.

The aggressiveness does not produce any positive results either. Then it becomes necessary for the melancholic again to change his behavior. To regain the much-needed object he turns his aggressions against his ego and seeks, through remorse and self-punishment, to correct his unpleasant situation. All this does not take place in relation to real objects; in the conflictual situation, the melancholic produces a narcissistic regression, seeking forgiveness of his super-ego, of his conscience, instead of the forgiveness of the external

⁵ Abraham confirmed that in such cases, there is hidden behind the hatred of the mother a more primitive hatred of the father. This may be an error, inasmuch as the child's hatred is directed against the mother as a phallic being.

objects. In this way he becomes isolated from reality because these processes occur within himself.

With the aid of the superego the melancholic thus reproduces the process that gave rise to the psychic forces. Unconsciously, in his psyche, he reactivates his parents' punishments to regain their love. After acknowledging his own guilt he attempts *expiation* to obtain *forgiveness*.

The sequence of the process *guilt-expiation-forgiveness* is present with a certain intensity in the psyche of every individual because it is based on an analogous previous relationship to nourishment. In fact, the lack of food rouses in the child tendencies of aggression and anger which, however, previous to the latency period, are controlled by the fear of castration. Hunger is something of a forerunner of punishment. The complete series of preceding states will therefore be: *rage-hunger-sucking*.

The child satisfies simultaneously his need for food and his narcissism. The fixation of the particularly narcissistic disposition occurs in the "dangerous situation of losing love" which corresponds to the situation of hunger in the new-born infant. The feeding situation of the child produces, apart from the voluptuous sensations in the mouth, its most pleasurable sensations in the "alimentary orgasm" which is the forerunner of the genital orgasm. The genetic series developed in the sequence of *alimentary orgasm-self-esteem-drunkenness* is typical of the melancholic and corresponds to the drunkenness of the maniac.

It thus seems that the ego of the melancholic seeks to obtain the new object by expiation. But of what does the ego feel guilty? Obviously, the melancholic punishes himself for provoking the loss of the object by his aggressiveness. This means that the aggressive tendencies of the id against the object are deflected toward the superego which, behaving as if it were the object, in turn deflects these tendencies against the ego: thereupon the ego is attacked. On the other hand, the ego takes upon itself all the guilt of the love object, always, however, with the purpose of gaining its love.

Following this structure, we can see that the object suffers two kinds of introjective processes in the patient: one into the superego and the other into the ego; which proves that the ego punishes itself for the object's guilt, and that the punishment is carried out by the superego as if it were the object.

Is such a double introjection possible? Indeed it is, and it may evolve as if it were the reaction of a child to his parents. His infantile experiences make the child create two different images of his

parents: one "good" and one "bad", according to "good" or "bad" conduct of either mother or father. The child's aggressive tendencies are directed against the "bad mother", and his love toward the "good mother". Education forces him to repel his own aggression which is repressed into the unconscious along with the image of the "bad mother" because consciously the child must only think in terms of the "good mother".

There exists therefore an unconscious representation of a "bad mother" linked up with the child's aggressiveness against her. Like the child, the melancholic has an unconscious representation of the "bad object", that is, the object that "behaved badly"; and, at the same time, he experiences his own reactive aggression against that object, which has not been satisfied.

To keep the love of his parents, that is, the love of the "good mother", the child creates his superego. Consciously it will show the characteristics of the "good parents", but it will also be endowed with the aggressive attitude of the "bad parents" because, like the latter, it must force the child to behave properly, that is, to suppress his infantile aggressions in order not to lose his mother's love. Therefore we find in the child one parental introjection in the superego along with that which occurs in the ego.

This is what happens with the melancholic, we may say. The "good object" by which the ego wants to be loved is introjected "into the superego"; the patient then gives it the right to "misbehave", thus punishing himself and the "bad object" that has been introjected into his ego. By this mechanism the patient intends to get rid of the bad object and, at the same time, also of his aggression against the object, thus giving satisfaction to the aggressiveness of the id through the superego. If this aim is attained, the ego resolves its conflicts and achieves its manic victory.

In relation to reality, however, this mechanism usually yields most unsatisfactory results. Because of the narcissistic regression, it is in no way adapted to the relationship with real objects. The patient's psyche is its stage, and the actors are the various psychic agents. Abraham described the "free intervals" by analogy with the behavior of the obsessive neurotic. In fact, in the free phase the patient tries to fight against his aggressiveness by dealing with his anal-sadistic instinct in the way characteristic of the obsessive patient.

Gerö, in an important paper (1936) (9) described two cases of neurotic depression very closely related to melancholia. The first of these patients had, in addition, an obsessive character, whence

Gerð concluded the necessity primarily to analyze the peculiarities of character.

The patient was a woman. In contrast to other patients, she never complained. She maintained a constant self-control and stubborn hostility, her specific type of defense, in order to suppress the great anxiety her hidden "sinister" desires would have created. The latter were her strong infantile wishes, her enormous narcissistic demands, and her intense aggressiveness.

During the first phase of treatment her depression seemed to present the following structure: her enormous narcissistic demands could not be satisfied by any one person in her environment, a situation that roused in her extreme sadistic impulses. From these she protected herself by her obsessive behavior. But as this constituted a new obstacle to being loved by others, she succeeded in satisfying her wishes to a lesser degree. This brought on her depression.

The center of her enormous narcissistic demands lay in her intense oral fixations, which had resulted from several infantile traumata: she had not been breast-fed by her mother, and she had also suffered all sorts of food deprivations in her infancy because of the first World War.

Peculiarly the patient seemed to assume that it had been her father who had given her the nipple. Regardless of the error of this assumption she showed a displacement of her oral demands from the mother to the father. It may be that for this reason it became easier during her analysis to attack the oral conflicts in relation to her father. As these conflicts were displaced by transference, the patient felt that the psychoanalyst did not give her enough affection.

The relationship with her father as a libidinal object was concealed by her identification with him. Her obsessive character was copied from this father who was very reserved and quiet. The patient had tried to modify her father's character but without success; therefore she later identified with him. All this emerged in the transference when she tried to punish the analyst by her silence and her reserved attitude. The psychoanalytic interpretation of such an attitude made her re-live the primitive situation and for the first time in many years the patient was able to dream about her father. It can be said that as a consequence of the treatment the identification with her father was resolved and he was revived as an object. Once she dreamed about her father, she no longer *was* her father.

Also, during the treatment-sessions the patient adopted an attitude of listening to the words of the analyst with great pleasure, but without the intention to understand them. It seemed as if she "drank" the words she heard but gave nothing in return. When this behavior was interpreted to her, more overt oral fantasies appeared. In them, the patient allowed herself to enjoy food orgies and voraciously to eat meat. When these fantasies, in turn, were examined she understood her latent sadism, and had overcome a resistance.

Another resistance had to be overcome by other means. The patient spoke in a peculiar way. She would start in a normal tone of voice, but then lowered it continually. The analyst drew her attention to this mannerism, as a means of defending herself. She reacted with rage and fright. Nevertheless she admitted that she felt protected and secure when her voice remained cold and indifferent.

These indications of the analyst regarding her voice centered her attention on the regions of the mouth and throat. Thereupon she developed the sensations of globus hystericus and rigidity of the neck. It was found later that what was concealed behind these symptoms was the wish to bite the analyst's penis. The desire was so vehement that the patient even had the hallucination that the analyst's penis was stuck into her throat. This material brought out the recollection of an incident of great psychological significance, which had occurred when she was four years old. She was caught sucking the penis of her brother, four years older than she. This had resulted in physical punishment; in addition to which nobody in the house paid any attention to her for several hours, despite her intense crying. This incident stopped her libidino-genital development and forced her to remain fixated at the oral level, while preserving her wishes for revenge. In the analytic treatment, the working-through of this memory began with the revelation of her oral fixations, and made the patient have her first dream of a genital type.

This was only little progress, because it was still impossible for the patient to reach the genital level. It was not even possible to prevent a new regression to the anal-sadistic phase; for example, she had fantasies of the analyst being buried and her defecating on the tomb. (Defecation as an object elimination.) Once this difficult situation was resolved, her genital anxiety and her oedipal situation could be clearly shown to her.

Thus the patient had progressed from orality through anality

to genitality. At that time, masturbatory anxieties of suffering damage to her genital organs appeared in her treatment. Therefore, she felt obliged to avoid any increase in her genital excitation. The patient stated that masturbation produced pain, which could be possible; however, her sensations of pain were related to her masochistic masturbatory fantasies which stemmed from infantile masochistic fantasies. As a child she had practised orthopedic gymnastic which made her feel pains in her body and gave rise to fantasies about her teacher attacking her with an apparatus in order then to pour some caustic solution into her vagina. The transference situation forced her to fantasy the same about the analyst. During the analytic treatment she recalled that as a girl she had wished that her father, a physician, would bring her into his office, tie her to the surgical table and open her vagina with a knife. Then she understood why she was incapable of giving herself to any man sexually, because for her that meant giving herself to her father who wielded the knife dangerous to her genitals. It was because of these repressed fantasies that coitus became painful for her.

What also contributed to give a masochistic slant to her genitality was the fact that, at the age of four, she was caught by her mother when masturbating. The ensuing genital repression caused her character to deviate from normally active to obsessive, a change which became manifest at the age of seven, when she took the gymnastic lessons. The mother's intervention ultimately resulted in the patient's self-imposed prohibition against any genital excitation ending in orgasm. She had to interrupt her masturbation before the orgasm, a practice which frequently causes pain. On the other hand, the masochistic infantile fantasies were used as concealment and as an excuse for her masturbation; it was also useful to diminish the guilt feelings of the little girl because now she could easily say to herself that she did gymnastics to obey her parents' orders. That is, her masochism was particularly a consequence of the threat on account of her masturbation, and of her submissiveness to the attitude of her family who identified genitality with blood and pains. (Her masochism was *not* due to the discovery by the little girl of her lack of a penis, as was observed by Rado.)

Summarizing it can be stated that the patient's depression was caused by her immoderate desire for love. Her oral fixation stemmed from the fact that she had had very few moments of joy in her life; this made her turn to food which meant love for her. She remained in this situation because of her infantile experiences

which closed for her the free road to genitality. Once genitality had been prohibited in her childhood she regressed to the wish to be loved as a child; since this wish could not be satisfied, she plunged into a depression. She was liberated from it when the analyst succeeded in breaking her genital fears and her sado-masochistic conception of sexuality. Once this point was reached, the obsessive features in the patient's character also disappeared, as well as her mask-like facial expressions.

The second patient of Gerö was a man of thirty years of age with periodic depressions. The analytic attack against his defenses was carried out in a way entirely different from the way they were in the previous case.

The patient began his treatment with the usual intense self-accusations of the melancholic. He was very tolerant toward other people but of himself he was always demanding too much. His severe superego had originated in his childhood in the attitudes of a tyrannical father who had, from the child's early age, tried to force extraordinary achievements from him. The child's rebellion against these demands was futile, and was repressed very severely by physical punishments.

When his father died the young man had his first intense depression. At the beginning of his analytic treatment, the patient was conscious of his hostility toward his father but not at all of the extent of his identification with him. It was a great surprise for him to realize how severely he treated himself and to understand that this was a result of his father's behavior. Furthermore, when he spoke of ideals, the analyst was struck by the patient's use of phrases that did not seem his own. When his attention was drawn to this fact the patient noticed that he was repeating his father's phrases. In this way, treatment liberated the patient from the chains of his superego and opened the road to investigations of the deepest layers of his neurosis. (This is in contrast to the case described above, in which this could be done only after the patient's obsessive character had been broken through.)

Behind the high ideals of his inflated ego, there appeared the patient's infantile weakness and his immoderate narcissistic needs. There re-emerged "inside" the patient the egoistical and presumptuous child, who was unwilling to make an effort. In this stage of his analysis the patient incessantly repeated his self-accusations. He paid no attention to what was interpreted to him, because he did not want to hear the analyst. He stressed that his

analysis was of no help. At the same time, he demonstrated his disappointment in life and thus obtained a hidden satisfaction.

Freud demonstrated that such self-accusations are complaints directed against the introjected object. The patient's sadistic tendencies became evident behind his masochistic behavior. Besides, it became necessary to constantly point out to the patient the external manifestations of his latent aggressive feelings, which were not always directed against his ego. This procedure provoked intense outbreaks of rage against the analyst, which relieved the patient.

Then it could be seen that the hostile feelings hidden in his self-accusations were directed principally against his mother. They belonged to his infancy and were due to the traumatic fact that the patient lived with his parents only up to his third year of age. To this trauma was added the oedipal conflict and, at puberty, after his father's death, the repression of masturbation as a result of his mother's prohibition.

His father was an elderly man of poor health, but very active sexually. When in his analysis the patient acted like a dying man, this was the identification with the father whom he wished to castrate, almost as if he were experiencing within his own body what he had been unable to inflict on his father. Thus there were, in the patient, two identifications with his father: one in his super-ego, in the form of a high ideal, and another in his ego, representing an elderly man of poor health. Behind all this, there lurked the unsatisfied infantile wishes to gain his father's love.

In the practice of psychoanalysis, the pregenital period should be interpreted before the oedipal fears are tackled. Therefore, it was necessary to point out to the patient his unsatisfied wishes for love. This was facilitated at that time by the patient's recurrent dreams of a man who gave him sweets. He was then shown how, in his childhood, he had transferred his demands from his mother to his father; but he failed with his father, too, because of the latter's cruel educational principles.

When the patient became conscious of his narcissistic demands, the character of his sexual relationship with women became apparent. It was possible to interpret his conduct as the seeking of his mother's breast. Once the oral fixations had been resolved the genital impulses appeared with a vigor that the patient had never before experienced; at times there was an upsurge of incestuous wishes for his mother.

The renewed phallic situation naturally brought with it a re-

currence of the infantile anxiety related to it. This was the reason why the patient had disturbing hallucinations of a fish with bright eyes, red mouth, and sharp teeth. In the transference situation, he thought of tearing out the analyst's eyes. Furthermore, memories covering up the prohibition of masturbation broke through. He saw his mother as a witch and her genital organs as a horrible injury. Through these screen-memories he recalled infantile material of the type of Red Indian stories in which arrows and knives pierced the bodies of the enemies. He also recalled his interest for his mother's perforated ears. All this material belonged to his fourth year; he had amnesia for the following period, and then regained memory of the age of seven or eight, when he used to pinch his ears, nose, or balanic-preputial skin until he bled. It can be said that the phallic aggressions against his mother were turned against himself in a masochistic way. That masochism was re-lived in the analytic transference. Nevertheless, the repressed impulses came out openly one night when he had the sensation that his penis was made of iron and with it he wanted to attack his bed while in his fantasies he thought he was attacking his mother. Thus the sadistic phallic wishes became conscious; his guilt-feelings, however, disappeared, and the patient was able to overcome his fears of genitality.

Yet there still existed in the patient certain unresolved aspects of his personality, which were linked up to his oedipal relationship with his father. It so happened that the patient was unable to find a genital mate. Thereupon he suffered a recurrence of his depressions; he saw himself as an elderly man, ruined physically. That is to say, his self-accusations were directed, in this phase, against his father as an introjected object. Thus, he re-lived in the transference situation his feelings of inferiority in regard to his father's genital organs with which he considered himself incapable to compete. He also had troublesome hallucinations and memories in relation to this matter. But the transference situation was able to make conscious his castration wishes and to help him overcome his last difficulties.

These two cases show clearly the object introjection, the self-accusations as attacks, and the efforts of the ego to save the lost object by the real frustrations imposed upon the self. The object's hate is reflected in the self-accusations, its love in the persistence of the identification, and in the emphasis with which it is exhibited.

Rado stated that the deepest point of fixation in melancholia lies in the danger of loss of love with its primitive base in the

hunger situation of the infant. His concept of food orgasm is correct but according to Gerö, Rado has exaggerated its importance. Gerö is of the opinion that in oral satisfaction the most important factor should be the mother-child relation, the body proximity, the close contact. Therefore the depressed patient is looking for shelter, love, and warmth from the protective body of the mother. But his aggressive wishes bring him disappointment and besides, his narcissism is too strong to be satisfied. (Nevertheless, the work of Abraham and Freud based on studies of patients and analytic material, clearly support the concept of "food orgasm".)

As regards the psychoanalytic therapy of melancholics, Gerö stated that a more convincing impression is produced when no interpretation is given directly but if by analyzing the defenses one succeeds in liberating the repressed material. If the patient is made conscious of his repressed oral desires, they are transformed into genital ones. Once the oral fixations are resolved, the most important analytic problem is to make the aggression conscious. For this purpose, too, the defenses must be broken through. In these cases, it will then be found that the nucleus of the aggressive wishes originated in the oedipal situation.

The analytic concept of depression as an incorporation of an aggressive object was the basis on which Erickson and Kubie (1941) (5) achieved a quick clinical cure of a female patient. The illness of this twenty-three year old woman was diagnosed by one author as depression hysteria; her opposition to the treatment that had been recommended by other physicians indicated the advisability of psychoanalytic treatment. This was tried for one month but, because of her depression, the patient was incapable of exposing her thoughts. Consequently, despite initial improvement, the results were almost negative. Thereupon treatment was continued with the help of hypnosis.

According to data supplied by friends of the patient, her last depression was the result of a date with a man with whom she was in love, and who finally asked her to marry him; when he tried to kiss her, she reacted by screaming, crying, and vomiting, and at the same time uttering words such as "dirty", "depressing", and the like. In the subsequent depression, the patient refused to speak to that man any more. He was a widower whom she had known for years, as he had been the husband of one of her best friends. This friend and herself had previously fallen in love with him simultaneously.

Since the patient, in her depression, resisted treatment, the

help of one of her girl friends was required to introduce hypnosis, and it was pretended that the hypnotic orders were given to the patient's friend instead of to the patient. Once the patient was hypnotized, the order was given to her to re-live (not remember) something that had happened to her between her tenth and her thirteenth year of age; this age was chosen because at the age of thirteen she lost her mother and also because she started menstruating at that time, and therefore experienced a repetition of her sexual conflicts.

In accordance with hypnotic suggestion, the patient repeated, with infantile mannerism, a complete series of observations and prohibitions of her mother's with regard to any heterosexual relation. At the end of the hypnotic session, the hypnotist, contrary to psychoanalytic usage, gave her the order to forget everything that had happened. Furthermore he supported the mother's attitude by stressing that in this way the patient was protected from possible danger.

In a second session she was told that the early death of her mother interrupted the patient's sexual education and it was explained to her if her mother would not have died she might have given the patient further advice on how women should react sexually to men. In a subsequent session, the hypnotist adopted the mother's attitude and explained normal sexual behavior to the patient.

When the patient became aware of the approval of a person representing her mother, she reacted by unconsciously overcoming her rejection of sexual contact in marriage. In this way, a favorable therapeutic result was achieved. Next day, after the third hypnotic session, the patient told her physician that she had been able, without any fears, to let the man she loved kiss her. She married him shortly afterward. Her condition was reported to be normal two years later.

In psychoanalytic literature another interesting case of depression was published by Edith Jacobson (1943) (10). The patient was a twenty-four-year old teacher, presenting the clinical picture of a depressive episode in consequence of a disappointment in love. She had been in a similar situation previously, at the age of seventeen, when her father forbade her to have dates with boys.

This was a severe case of pathological personality with psychotic features. In her childhood, the patient had been very strictly trained by her mother, who forcefully put a stop to the patient's anal and genital self-gratifications. At the age of three, she started

on a normal oedipal course which, however, failed prematurely, and made her revert to pregenital wishes. By then, the little girl fantasied getting a gigantic penis from her father, and believed that it would provide her satisfaction similar to that experienced when her mother administered enemas. When the patient was three-and-a-half, her parents' disagreements led to the father's leaving home; this resulted in a severe trauma for the little girl, who could not take refuge with her mother, as by that time a brother was born.

She underwent a narcissistic regression and tried to suppress all emotions in herself, because of her experiences. In this attempt she failed because of her sado-masochistic experiences with her father and because of her own intense aggressive wishes which drove her to acquire orally, by violence, as it were, the paternal organ she craved. The patient oscillated between periods in which she sought first her father, and then her mother, each time aggressively leaving the other parent; this, naturally, produced guilt feelings. Jacobson considers this psychological set-up as characteristic of the oedipal situation of manic-depressive patients.

In her childhood, the patient showed marked submissiveness to her mother, from whom she received the additional gratification of the enemas. For the patient, her mother was a gigantic person, who took possession orally of all the penises and all the children in existence, without leaving any for her daughter. In her desire for revenge, the patient had fantasies of being impelled to obtain orally, and aggressively, the mother's genital and anus, as well as the father's penis. She had also other fantasies by which she conceived of parturition as a terrible fight between the child and the mother.

The emotional coldness of the patient was the result of the maternal restrictions regarding her excretory functions. She believed narcissistically that she possessed a penis, which would become manifest during the sexual act. For her, orgasm meant to tear out from her insides feces, urine, and blood,—which she supposed had happened after her mother's enemas.

Her mother had forced her to give up finger-sucking and infantile masturbation, in addition to which the mother gave the breast to a younger brother instead of to the patient. For these reasons the patient was incapable of reaching orgasm. When she began to experience pleasure in the genital act she also experienced anxiety and she felt closed in. Then she tried to dissemble her sensations because if she would give them free rein it would be like

a violent outburst, which she compared with suicide. As a reaction she developed fantasies of jumping out of the window in order to free herself from feeling dependent.

This case, like the others, showed how the psychic incorporation of aggressive external objects traumatized the patient; her intense ambivalence prevented her from getting rid of them or solving her conflicts.

If we now proceed from the study of melancholia to that of mania we find that the observations of Freud and Abraham provided the firm basis which supports the analyses of cases reported by Lewin and Helene Deutsch. Lewin described a case (1932) (12) that demonstrated clearly how hypomania originated as a negation of displeasure, through a pleasant, narcissistic identification with the frustrating object, and through the witnessing of parental coitus.

The patient was a woman of thirty years who reacted to the death of her grandmother with a depression coupled with self-reproaches for all those traits that she "had taken over from the personality of her grandmother, which, however, the deceased herself had repudiated" (self-reproaches as accusations). After this episode, the patient had her first heterosexual genital relationship which lasted a short time only, apparently because she felt repelled by a fellatio she carried out once.

The following transitory hypomanic state was brought about when she saw the analyst in the company of a woman and fantasied that there was a sexual relationship between them. She then reacted with a hypomanic state. Besides, she had dreams and fantasies in which she enjoyed watching intercourse, identifying herself at the same time with the masculine and the feminine partner in the act. In her fantasies, she conceived of intercourse as of the merging of one person into the other, a mutual absorption, as it were.

The infantile situation after which the actual one was patterned consisted in identification with a younger brother who had displaced her from her parents' room when she was six years old. The analysis brought up memories of infantile masturbation with fantasies of bisexuality, provoked by the observation of parental coitus at the time when she still slept in the same room with her parents. When she was displaced by the new-born brother, she had to identify with him in order to satisfy her visual and auditory curiosity and her sexual desires.

The patient's superego was not fully developed. For her, coitus

meant the vaginal and oral incorporation of an object, which by this means is converted into the superego (Sachs). For the patient, union with the superego, union with her ideals, God, religious ecstasy, union with a man during coitus, or with the mother's breast, were synonymous concepts. Those unions, in which the patient was, at the same time, active and passive, were of clearly oral nature.

In the hypomanic state the patient's superego disappeared. The relation with the parents again became sexualized. There emerged a new ego, which employed the mechanism of negation as defense against the unpleasurable outside world.

This ego, therefore, was purely a "pleasure" ego which accepted all pleasure and refused any displeasure. Freud described it when he stated that such an ego behaved as if it were saying "in the language of the oral instinct: this I will eat, and that I will spit out".

The sadism that in the previous phase had dwelt in the superego, was in the hypomanic state turned against the environment, either in the form of various sublimations, or of denial of anything that, internally or externally, was experienced as displeasure.

To elucidate the psychic mechanism of mania, Helene Deutsch (1933) (4) also drew on her clinical experiences. She reported especially a case of a woman with a circular psychosis. When this patient suffered any frustration she reacted with aggressions (the situation described by Rado as the aggressive period preceding melancholia). But in contrast to melancholia, these aggressions did not evoke any guilt feelings in her because the patient was able to elaborate them in a paranoid manner: she accused the persons in her environment of bad behavior against her.

In the further progress of her disease this patient developed a manic attack during which she apparently established strong affective relations with a number of people. This created in her a state of narcissistic optimism in which she felt loved by many people. Whatever she had considered as an attack on her person in the previous paranoid phase, in the manic state assumed favorable significance. (The patient confirmed that she had not lost her libidinal objects nor their good will toward herself.)

Beside her penis envy the patient displayed profound oral envy which accounted for many of her manic symptoms. For example, her logorrhea had an active oral significance and simultaneously an aggressive, and castrative one, that of cutting off other people's speech.

The crucial factors in the patient's psychic development consisted of an oral frustration followed by a genital one, because she lacked the penis her brothers possessed. To this she reacted with aggressions which she experienced orally (narcissistically.) Faced with the danger of losing the object as a result of her aggressions, the patient instead of following the mechanism of identification of the melancholic, denied, by way of her manic attacks, the very existence of her frustrations, so much so, that when in the progress of her analysis the effectiveness of this mechanism of defense was reduced the patient reacted with a depressive phase.⁶

The patient achieved the manic denial of frustrations she had experienced by transforming the unpleasant reality into a pleasant one. According to Helene Deutsch, this is what commonly happens in cases of manic attacks. Furthermore, the mania helps to deny the existence of the patient's aggression against others, thus liberating him from the superego punishment of the melancholic.

This does not mean that the etiology of mania rests in the denial of the unpleasant reality. In fact, it must be assumed that the basic situation of mania is similar to that of melancholia; the difference however, is that in mania the ego succeeds in using the mechanism of denial to free itself from the melancholic state. This mechanism of denial must have some relation to the phallic phase when it is used by the narcissistic ego to overcome the fear of castration.

In another case of a chronic hypomania the patient denied all that was unpleasant around her. This defense was instituted in her early childhood, after her brother's birth, when it was also aimed at denying her own lack of a penis. Thus the patient as a little girl developed a state of *pseudologia fantastica* in which she pretended that she possessed all things that were denied to her. Later on, she tried to behave more normally and to adjust herself to outer reality; but she continued her attempts to adapt reality to her unsatisfied wishes as well as to deny her aggression.

⁶ Another case of Helene Deutsch was of a patient with severe depression. During one of these attacks she lost her husband, an event that did not augment her self-reproaches. Peculiarly, however, the patient then developed the paranoid idea that her husband was not dead but alive and that someone separated her from him. In the course of the disease the husband became the persecutor. The first paranoid ideas can be interpreted if one assumes that the husband's death created the unfortunate tendency toward a deeper identification with him. Against this fatal danger the patient defended herself by means of the paranoid projection, because the real death satisfied her aggressive wishes but not the tender ones which in turn created the delusion of her husband still being alive.

The pleasant sensations of the manic state can be achieved through a narcissistic identification (of the same type as in melancholia). It is interesting and instructive here to cite the history of another patient whose analytic treatment had to be interrupted because her analyst was forced to leave the country. After a short and mild depressive phase, she became manic. She developed, among other symptoms, the wish to travel, using the pseudonym of *French*. That is to say, she traveled "as her analyst", since *Deutsch* means *German*. By this pleasurable identification with her analyst the patient denied the painfully frustrating separation.⁷

In these investigations in melancholia and mania the findings of Melanie Klein (1935) (11) deserve mention because in this respect as in many others she has presented original ideas which differ partly from those current in psychoanalysis.

Klein relates depressions to that phase of ample development of sadistic impulses that she ascribes to the child's first year of life. She states that in this phase the child is confronted with a series of partial objects, good and bad ones, which, in the child's concept, exist in his environment and simultaneously in his own organism and personality. Against the objects, the child defends himself by means of the mechanisms of projection and elimination, using for this purpose all the energies of his sadism. These paranoid mechanisms finally achieve the destruction of the "persecutory" objects. Klein insists that these "persecutors" are not considered total objects, as for example, the child conceives not of the mother as a whole but only of her breast. The objects are generally identified with feces.

The depression originates in this stage, which occurs prior to the ensuing psychological modifications. As he develops, the child establishes definite connections and replaces the partial objects by the total object. Among those objects the mother is the first one to be considered. That is, the child takes the mother in her totality as an object instead of her breast. That usually occurs in the fourth or fifth month of life.

The partial good objects and the partial bad ones which pre-

⁷ The manic patient experiences a meal as a substitute for primitive cravings; the meal has the significance of a regression from genital gratifications. At the totemic festival the subject really eats his father, instead of the mother. The same is true of the concept of "paradise", although mania is not apparent in it. In the totemic meal the aggressive wishes against the frustrating father are satisfied, while at the same time there is submission to him, because the subject renounces his mother.

viously the child had conceived separately, thus merge into the total object. The fusion of the different components, good and bad, constitutes the origin of the ambivalent attitude to the total object.

When he has reached this developmental stage, the child desires to preserve the good, total object in his psyche because the conservation of this object has for him the same meaning as the conservation of his own ego. For example, he understands that he cannot live without his mother and therefore desires to incorporate her. However, his previous sadistic tendencies and the detrimental influence of the previously introjected bad objects counteract such conservation. This is due to the fact that the previously introjected partial bad object also stems from the mother; this refers, for instance, to her breast, since, at times, she does not satisfy the child's desires, an omission that he ascribes to his mother's breast which represents reality at that stage.

The memory of the mother's "bad" breast compels the child to seek liberation from the mother although, on the other hand, he realized that he must preserve her by all means in order to survive. Here is the origin of various kinds of fears, such as that of the danger of eliminating the good object together with the bad one the child wishes to get rid of, or also that of damaging a good object. Then the ego attempts to repair any damage the good total object may have suffered. "What brings about the depression is an internal process which later on acquires the significance of a loss of love and which arouses in the individual the sensation of having failed in the introjection and conservation of the good objects." Against such dangers the patient tries to fight with various mechanisms of defense aiming at reparation and recuperation. The suicidal impulses explain themselves as attempts of the ego to destroy the bad objects and the sadism of the id so as to protect the internal or external good objects.

The fears of a paranoid patient and those of a melancholic one differ in that in the former, fears of persecution are related principally to ego conservation, whereas in the melancholic, they are related to the conservation of the object.

The manic state is based, above all, on the belief in omnipotence and, secondarily, on the mechanism of denial. The belief in omnipotence is used by the ego to overcome and control the introjected objects, especially the images of the parents, which are all the more dangerous when they are united in intercourse. The mechanism of denial is an attempt at devaluation of the threat inherent in the bad objects, and the sadism of the id; at the same

time, it is also an attempt to depreciate the importance of the good objects for the ego which thus can pretend apparent independence. It originates in the early age of extensive development of sadism, that is, in the first year of life and not, as stated by Deutsch, in the genital stage.

Klein's findings about the genesis of depression do not contradict previous conclusions by other authors as discussed above. The differences arise from Klein's preoccupation with the child's development and with the origin of the ambivalent attitude toward the object: it is the danger of losing the object that provokes depression. However, in regard to the mechanism proper in depression, Klein's studies are superficial because she does not go at all into the attempts at reparation and restitution. This is the point, on the other hand, on which most of the other investigators have laid emphasis, by dealing in detail with oral mechanisms.

In the field of psychosomatic medicine, Pichon Riviere has established the connection between stomach ulcer and the symptomatology of the manic depressive state.⁸ He very pertinently pointed out the existence, in both types of afflictions, of oral fixations, of the conflict with the mother, of the ambivalence with the subsequent introjection, and also of the development by stages. Peptic ulcer could be considered as an oral somatic conversion in consequence of a psychic process of manic-depressive nature.

The great artist Dürer has produced a picture entitled "Melancholia". According to Winterstein, who studied it analytically (1929) (15), it represents in all its contents the concepts of that epoch in regard to melancholia when it was supposedly dependent on the planet Saturn. The psychological motivation of the painter probably was the death of his mother who died in the same year in which he produced the picture; an event that could easily have provoked in Dürer a melancholic state which, however, he elaborated as if it had been the death of his father who actually had died nine years before.

The father's death is represented symbolically by the dog, emaciated to the bones; the mother would be the central figure with wings; and the painter, the little angel who is not sad but busy with the stone of the windmill.

One after the other, Winterstein interpreted the different elements of the picture, basing his interpretation on historical as well as analytic material. For example, the block of stone in the

⁸ Unpublished personal communication.

center, which the art critic Wöfflin designated as "something incredible", he conceived as the representation of the father devouring the child and transforming him into feces. Thus it would further represent the entire oral-cannibalistic oedipal situation which the melancholic "cannot digest", and in which he is compelled to identify the object with feces. As the stone block seems ready to fall, it could have the significance of defecation, an act which serves the melancholic in finally getting rid of the object.

In a recent publication (1945) (8) we emphasized certain aspects essential in the genesis of melancholia. We referred to the child's obligation to accept the mother's aggressions and to convert them into his own guilt feelings. We shall now present some of these conclusions because they contain in the form of a summary all the other psychological mechanisms enumerated above.

SUMMARY

The genesis and psychology of melancholia may be set forth by pointing out first of all that the melancholic psychically rejects anal-sadistic wishes of the eliminatory type, and oral-cannibalistic wishes aimed against the external libidinous object, which he divests of all values and considers as excrement. This aggressive attitude of the subject is provoked by actual hostile behavior of an object; or more probably, by transference from the hostile behavior of earlier libidinous objects, chiefly those of childhood and above all of the mother.

But the situation is paradoxical; for although the melancholic unconsciously perceives that the behavior of the libidinous object toward him is hostile, he strives to maintain his object psychically and to remain on good (affective) terms with it. This he does out of the necessity to maintain the former analogous attitude toward his mother who, in spite of having treated him badly, had nevertheless to be accepted and tolerated during his childhood, since it is necessary to submit to the mother and since no one can live without maternal protection. Hence, instead of reproaching his object, the melancholic paradoxically reproaches himself, because he considers himself forced to depend on his object, or, in the last instance, to regard his mother as good even though she is not. Consequently he represses his oral and anal aggression and turns it against himself. That is to say, he makes a martyr of himself, always guided by the urge to possess, psychically, an object that he forces himself to accept as good—just as in his infancy he longed to drink good maternal milk.

The subject's unconscious reproaches against his object are exactly those he consciously uses against himself. This is due to the fact that during his entire life the subject has been compelled to identify himself with the injurious infantile environment which caused his melancholic disposition. In other words: a mother with a certain type of aggressiveness provokes a similar aggressiveness in her son, for which one motive among others is that such a reaction would be his most adequate defense against her. But as the son must repress this reactive aggressiveness because of his education and of the necessity to accept the mother as she is and not to fight against her, the subject feels forced to reproach himself for the aggressiveness he has developed in response to his mother's. He reproaches himself, therefore, for what his mother has provoked in him, which means ultimately that in criticizing himself he reproaches her.

Thus the melancholic considers himself a *criminal* for wishing to kill anally, and destroy orally, the object which he has converted into excrement. (The desire to eat it indicates, on the other hand, submission to the wicked object.) The melancholic considers himself *insignificant* on account of not having been well fed during infancy, or rather, on account of not having received through food and motherly love, the narcissistic satisfactions indispensable for the efficient development of a positive self-esteem.

In this pathological process, the melancholic is guided by a yearning to become a normal individual, capable of loving his object and attaining happiness. That is why he struggles against his early psychic deformations which were caused by the injurious environment. He fails to achieve his aims because, instead of reproaching his mother or similar objects for having made him what he is—which would, in a way, enable him to free himself from the mother and to modify his psychic structure favorably by seeking more adequate substitutive objects—he reproaches himself for not loving, and even for hating an object which, at least partly, does not deserve to be loved.

He reproaches himself through his own superego, created after the image of the reprimanding mother, for reacting against her hostile behavior by defending himself with like aggressiveness instead of submitting passively as he was originally forced to do. But had he not submitted, the mother would have deprived the child of indispensable food; and this fact explains why the melancholic renounces food when he reproaches himself for his aggressive wishes. That is, he subjects himself to the very punishment

he supposes his mother would have applied had he not been obedient and submissive.

Therefore, in order to avoid dying from starvation (the greatest instinctive frustration, representative, among others, of sexual frustrations), the child and the melancholic accept what the mother or her surrogates impose even when it is unjust. Herein lies the melancholic's vicious circle; in the face of conflict he continues in the infantile attitude of oral submission.

Further frustrations are thus created which have to be solved through melancholia. Were the subject normal he would rebel adequately, for he would be in a condition to do so, considering that he is no longer a child but has an adult organism, capable of achieving both his alimentary and genital aims without any detrimental interference on the part of his family.

In mania the ego manages to free itself from those infantile situations and their derivatives by means of the psychic mechanism of denial of the painful. Instead of melancholically accusing himself of having the hostile attitude of his objects,—that is, of punishing himself for not having been well fed by his mother,—the manic subject strives to create more or less fantastic pleasurable situations which correct the earlier frustrating situations. This he usually achieves by identifying himself with one of the objects, very often an aggressive one, which serves as a model and which is orally introjected into the ego and superego (the fancy dress of carnival). Generally it is a narcissistic object endowed with the qualities or satisfactions the subject has coveted, but also with qualities of a negative type. In spite of such an identification, the frustrating forces continue to operate in the unconscious, confining the subject or hampering his attempts at liberation, to the extent of making real genital satisfactions impossible.

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THE EFFECT OF DISAPPOINTMENT ON EGO AND SUPEREGO FORMATION IN NORMAL AND DEPRESSIVE DEVELOPMENT*

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This article will continue the discussion of problems approached in a previous report on the childhood history of a depressive patient. The experience of disappointment will be subjected to a closer investigation with regard to its effect on the building up of the ego and superego of the child in normal and in depressive development.

Disappointment is an experience that comes about when promises and expectations of gratification from an object are not fulfilled. The German word for disappointment differs in its etymological derivation from the English term. Disappointment equals "Enttäuschung" which in English means disillusion. Its connotation suggests that the concept of the (disappointing) object turns out to be false, illusory. Consequently, the painful breakdown of expectations unleashes hostile reactions toward the objects, which in turn lead to a critical revision of its concept, possibly to its devaluation, with resulting withdrawal of libido. This critical revision of the illusory concept of a disappointing object is an essential element in the infantile experience of disappointment with regard to its reflection on the ego of the child.

Oral frustration, in particular the state of severe and lasting hunger, seems to be the earliest forerunner of profound disappointment such as comes about later by the loss of a highly valued object. In a state of severe disappointment one finds the feeling of blank, empty hopelessness, of nothingness, often accompanied by the sensation of physical emptiness which certainly goes back to

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what Rado (16) describes as the hopeless despair of the baby that is craving for the mother's breast.

The origin of the reaction of devaluation can be observed in an infant that is offered unwanted food: he reacts with disgust, spitting, or even vomiting. This response, physiological first, is the forerunner of devaluation as it gets later tied up with aggressive impulses and fantasies toward the disappointing object. They provoke fears of retaliation which set up the image of a bad, punishing mother besides that of a good, loving one who may change from good to bad like gratification to denial. Through the distinction between satisfactory and inadequate oral gratification the sense of value begins to be acquired and soon becomes firmly established in the course of the cleanliness training. What is important is that the child, under the educational influence of the mother, uses disgust, originally developed as physiological response to distasteful food, as a reaction formation to forbidden anal pleasure. This means that the child begins to fight his own libidinous strivings with the help of a specific aggressive reaction, that of devaluation, which he turns against himself. Bad food, vomit and feces thus become associated. The feces and the corresponding erogenic zone, the anus, become carrier not only of the child's changed concept of value, but also may mean his own value or worthlessness. Feces are the most valuable product and gift to the mother and, at the same time, unworthy waste material and an instrument of devaluating aggression against the mother.

As hunger alternates with satisfaction, these precursors of disappointment consist in passing, though repeated, experiences of frustration. It appears justified to distinguish them from disappointment as an experience of a more advanced stage of ego-development when, with the finding of the mother object and the unfolding of object relationships, definite concepts of wishfulfillment are formed. Thereafter there will occur growing disappointment in the parents, as human entities.

The disillusion in the parents plays a significant, though painful, part in the child's detection of and adjustment to the realistic object world. After having lost his belief in his own omnipotence, the child is convinced of and participates in the fantasied magic omnipotence of his parents. The various clinical and social aspects of the mechanism of participation and its underlying instinctual trends have been discussed at length by Fenichel (4). This participation is accomplished by the narcissistic nature of the infant's relationship to the parents. It is rooted in the libidinous and nar-

cisistic dependence of the infant on the mother, and is represented by his oral relationship to the giving organ, the breast, which the child still regards as part of his own body. Later, during the genital stage of growing ego independence and competition, the belief in the parental omnipotence and the participation in it is slowly given up, but still exists to some extent with regard to the object of narcissistic identification which, for the boy, is the father, and for the girl, first, also the father, and later on again the mother.

As the magic belief in the parents gets lost, the godlike parents become more and more realistic human beings. This is achieved by the growing ego through gradual discovery of the realistic object world which is influenced greatly by increasing disappointments inflicted by the parents. They force the child to a critical revision of the illusory parental images. Whether this process of disillusionment has a constructive or destructive effect on the development of the child's ego and his sense of reality depends less on the severity of the disappointments in the parents than on the stage at which they set in.

If the child meets with decisive disappointments at a time when the infantile ego has asserted itself to some extent, disillusion in the parents results in a realistic evaluation of the parents and the object world as well as of himself, which is the prerequisite of normal ego formation.

The child who has been disappointed early cannot profit from his disillusion for the development of his ego which, on the contrary, must get involved in the collapse of the magic world. Instead of acquiring a realistic picture of the world the child may swing from an optimistic to a pessimistic illusion which again distorts reality. As the parents, these formerly omnipotent gods, pass through the grind of devaluating criticism, they may not only turn into bad, hostile, punishing beings, but, deprived of their divine power, they may appear bad in a deprecatory way: low, defiled, empty and castrated. The word "bad" has an ambiguous connotation; it means evil as well as worthless. While the inflated images of the parents, during the first years of life, are good as well as evil, terrifying, yet powerful, gods in love as well as in punishment, their deflated images are bad in the sense of unacceptable, worthless inferiority.

If such an extreme deflation of the parental images sets in early, the ego of the child is deeply affected by it. Since for the child the magic power of the parents is, at this stage, the main source of narcissistic support, deflation of their images must neces-

sarily tear down the infantile ego at the same time. As it participates in the downfall of the godlike parents, their destruction becomes identical with self-deflation and self-destruction.

Early disappointment must therefore have the effect of a narcissistic injury in consequence of and along with the devaluation of the disappointing object of love. The child will respond, from then on, to any disappointment with a narcissistic hurt. On the other hand, he will become sensitized for direct attacks on his narcissism or for failure in his ego functions and react to them as to disappointments coming from a love object, with a devaluation of the world. This creates an interaction of disappointment and narcissistic injury causing and affecting each other, whose beginnings one can well observe in connection with cleanliness training.

May I give a clinical example for what I want to show: In the analysis of a thirty-six year old writer the earliest recollection of a depression led back to the age of three, at most. The patient sees himself in the bathroom, sitting on a chamber pot, alone and remote from his mother who is taking care of the elder siblings, particularly the next older brother who was her pet child. After a long time his mother turns to the patient, lifts him from the pot, looks in and says in a derogatory tone: "Nothing, of course." His brother smiles at his humiliation. The patient remembers vividly the dull, empty, desperate hopelessness connected with the feeling of utter worthlessness typical for this period of life and for his later depressions.

On the surface this scene seems to revolve around the rejection by the mother because of the child's failure to produce stools. In the analysis, however, we learn that the stubborn refusal to move the bowels, a reaction the patient repeats later in his writing and love-difficulties, is a vindicative and, at the same time, masochistic response to his mother's neglect. Since she does not care for him, he cannot give her anything. As she appears worthless to him, his anal present loses its value and becomes dirt. The ensuing rejection on her part crushes the infantile ego all the more and causes further disappointment, so that a vicious circle has been started.

With the beginning of the genital stage oral, anal, and genital aggressive impulses fuse in the reaction of devaluation. The disappointing object appears empty, disgusting, dirty, destroyed, and castrated. As Freud (6) pointed out, it is the pre-oedipal disappointment in the mother that induces the female castration conflict. As to the little boy, it seems to be the oedipal disappointment in the mother that makes him aware of her "castrated" genital, which reflects and substantiates his own castration fears.

Although the interacting relations between disappointment and narcissistic injury become intensified in connection with the

castration complex, the ego of the child is better equipped, by this time, for his narcissistic struggle. That is why the reactions of normal children to the castration shock show in many ways the constructive effect of disappointment which has been pointed out before.

The realization of the difference of sexes may arouse the spirit of investigation and lead the child to expand his inquisitive detection of the physical, emotional, and intellectual qualities of his parents to the realistic world. Libidinous strivings, namely sex curiosity fusing with pre-oedipal and oedipal sexual and aggressive impulses may gradually become displaced on the sense of perception and on critical intellectual activity. Thus the hostility released by accumulating disappointments may be absorbed and used by the ego apparatus. As its critical functions are stimulated and the perception of the real object world spreads and sharpens, the ego of the child asserts independence and strength and becomes more capable in turn to tone down illusory concepts and expectations in adjustment to reality.

This process of sublimation, however, can set in only if and when the child is able to overcome his problem successfully. In this aim the little girl fails more easily, as the detection of her mother's deficiency goes along with the realization of her own lack of a penis. However, though she meets with what must appear to be a real defect, her reaction depends largely on the severity of her disillusionment in the mother. While the girl holds the mother responsible for her deprivation and turns to the father, because the castrated mother is of no value to her any more, she in turn feels rejected by the mother because of her own deficiency. The ego of the little boy is normally not as much affected by the discovery of female castration as that of the girl. Only in case of early severe disappointment in the mother the male ego may be crushed so far that the boy identifies himself with the castrated mother. Normally the castration shock causes him to give up his dependence on his mother, by making him realize the anatomical difference between him and her, and lean upon the father instead. Thus he not only gains a more adequate source of narcissistic support but also asserts himself like his father, as superior to the weaker female whom he may love but not depend upon any longer.

This device becomes a well known general pattern of establishing superiority over a disappointing object. It is a milestone in the male ego development because it signifies the onset of true identifications with the father on the basis of masculine equality.

In so far as the infantile narcissism throughout the oedipal period normally is still largely dependent on the paternal power, disappointment in the father during this stage is a most serious danger to the ego of the little boy. As it re-enforces his castration and death-wishes against the rival, it threatens to undermine the paternal image and consequently to upset the balance of the ego.

With the beginning of the genital stage the child establishes powerful reaction formations apt to support him in his narcissistic and instinctual conflicts: the superego or ego-ideal, respectively (Freud 7). The superego may be called a compound of oedipus-strivings and prohibitions as well as a compromise with regard to the infantile narcissistic desires; it denies the child the desired parental omnipotence, yet sets up the god-like image within the ego. What happens is that, in the process of disillusionment in the parents, the child tries to restore his deflated gods through idealization and to set up ideal parental images as part of the ego. This is accomplished by regressive reanimation of the originally omnipotent parental images, endowed, however, with character traits which serve the repression of the forbidden infantile sex strivings and further the social and cultural adjustment.

Seen from this perspective, the superego has not only the function to desexualize the love relationships with the parents through partial identification and to re-establish them on an affectionate basis. By integrating the idealized parental images into his personality the child restores his injured ego, safeguards it against further disillusionment and gratifies his wish for expansion. As the superego gradually is depersonified and established as part of the ego, it guarantees, in case of normal development, an increasing ego-independence of the real parents: the superego-fear, causing the ego to control and check id impulses, protects the ego from outside punishment. The ego-ideal, providing firm inner standards, maintains faith in life, even if the realistic world is disappointing and ceases to give sufficient narcissistic satisfaction.

As shown in a previous paper (12), the little girl, as a rule, establishes a well defined ego-ideal earlier than the boy, namely, around the age of three; in reaction to the forbidden strivings of this period, it is that of a clean, modest, gentle, and considerate child. This first step in the female superego formation is the outcome of the pre-oedipal disappointment in the mother and arises in connection with the castration conflict. Viewed from the present angle, this early female ideal is a means to counteract the aggressive anal and genital devaluation of the mother, and by identification

with an idealized maternal image, to heal the damaged narcissism of the little girl.

In the further female development one sees rather a stand-still with regard to superego formation as love and narcissistic desires enter the father-relationship and switch to him because he possesses the penis. Later, one can observe in many women that their lover or husband may still represent their superego and serve the support of their ego (Sachs 17). Their submission to man's standards, their participation in man's ideals and interests betrays that they have not fully renounced their phallic desires. The more firmly the girl asserts herself in the female genital position, the better does she succeed in building up a female superego of the maternal type, guaranteeing independence of her ego along female lines.

In the boy, the superego formation meets with less complications. Normally the boy's turn to the father shifts the narcissistic dependence on him, but on the level of phallic identification, while the mother remains the main love object, in competition with the father. The threatening deflation of the father's image is warded off by constituting a superego that re-establishes and secures the paternal power in part of the ego. Extreme idealization of women, which Freud (8), to some extent, attributes to the normal masculine love attitude, therefore can be seen just in those cases that have not given up sufficiently, or have regressed to pre-oedipal dependent relationships to women.

Ordinarily the firm establishment of the superego indicates the solution of the oedipus conflict and the beginning of latency.

We are coming now to the narcissistic disturbance in depression. It follows from what has been discussed before that severe disillusionment in the parents during the first years of life crushes the infantile ego, on the one hand, and on the other, may start the superego formation at an earlier stage than normal. Thus the superego gets endowed with the archaic omnipotence of early parental images, which accounts for the pathological tension arising between an overpowerful superego and an ego bent-down and forced to expand beyond its limits. The premature shifting of infantile conflicts onto the inner mental stage establishes a pseudo-strength and pseudo-independence of the ego, whose relationship to the superego actually retains characteristics of pre-oedipal dependence on the omnipotent mother. From the libido-economic aspect, the narcissistic cathexis in such persons not only rises at the expense of object libido, but gets displaced on the superego to the detriment of the ego. They live on their superego rather than on

their ego which may become impoverished, and often at the same time inflated but—like in certain types of hypomanic conditions,—may temporarily soar up and succeed in extraordinary achievements.

While healthy persons rely on themselves and maintain the balance of their ego through realistic accomplishments and satisfactions—though guided by their ego-ideal and controlled by their superego—neurotic patients of this type gain self-assurance mainly from their superego by gratification of their original magic wish for omnipotence. They have not given up clinging to a magic power whose favor can be gained and which can still be changed from bad to good and then promises support and protection like formerly the mother's breast. They have not learned to evaluate and accept the strength and limitation of their ego nor that of the realistic world which by reprojection may become a place of magic figures representing all-giving love or punishment, high ideals or worthlessness.

This pathological ego and superego development appears most markedly in the personality type of depressive patients. In its discussion we shall neglect the distinction between true melancholic and neurotic depressions with regard to etiological background and clinical picture, sharing the standpoint presented by Fenichel (5), and by Radó (16), that the building up of the depressive conflict pattern is not different in neurotic and psychotic depressive development.

In fact, whatever the ratio between endogenous and environmental causal factors may be, psychoanalysis reveals in either type of depressive cases unusual experiences of disappointment during the first childhood years. In melancholic patients Abraham (1) has found a history of "deep narcissistic injuries by coinciding severe disappointments in both parents before the solution of the oedipus conflict". These experiences, which precipitate the "primary depression" and start the pathological ego and superego formation in depressive patients, establish the psychological pattern for future depressive states.

In a previous paper (13) I reported the infantile history of a depression, which corresponded in characteristic features with that of other patients with depressive conditions. The analysis uncovered in these cases the following characteristics: restraints, frustrations, lack of mothering during the pre-oedipal stage,—frequently after a period of spoiling—early onset of father relationship (Gerö 11); simultaneous disappointments in both parents at the begin-

ning of the oedipal stage; a hateful turning away from one parent to the other, a playing them out against each other; an eventual escape into a hostile and narcissistic retreat from both of them and a final breakdown in depression.

I will take up the case of Peggy, which I reported in my last paper, to show on her material more precisely the pathological process I am concerned with. This, briefly, is the history of her childhood depression:

Peggy, a twenty-four year old teacher, came to analysis because of severe depressive conditions. As far as the analysis could uncover, she had broken down with a depression for the first time after the birth of her brother, when she was three-and-a-half years old. Suppressed and frustrated in her first life impulses by an over-protective and strict, domineering mother, Peggy had started early to build up an affectionate love relationship with her father. This happy period was terminated soon by a series of fatal incidents in her third and fourth year of life. Most traumatic were primal scene experiences with observations of the male genital, and a wild game in bed with her father, evidently causing a genital overstimulation which threw her into a state of overwhelming anxiety. Shortly after this incident Peggy's mother became pregnant. Her condition, well observed by the child, fostered Peggy's death wishes against mother and baby, and abundant sado-masochistic pregenital fantasies about conception and birth, fused with sexual desires toward her father. Just at the moment when the little girl saw her wishes at the verge of fulfillment as her mother left for the hospital, she was deeply and unexpectedly disappointed by her father who left her alone with his wife's relatives, after a violent quarrel with them. The little girl turned her longing ruefully back to the mother, but found her place taken by the baby which, worst of all, was a boy. She exhausted herself in frantic efforts to re-establish her relationship with at least one of her parents by "going from one to the other and back to the first", as she herself expressed it. At last she escaped into the spiteful illusion that she might get along without love, self-sufficient and independent, living on her own resources. The breakdown of this fantasy of omnipotence precipitated her depressive collapse. In her later depressions the inner situation preceding the depressive condition would correspond precisely with this pattern.

What stood out in Peggy's experiences during her depressive periods were complaints of being utterly "changed" physically as well as emotionally: she felt having turned into a homely and untidy looking, weak person. Her initiative, her intelligence, her emotions had died. The feeling of such changes in her personality linked up with recollections of that decisive childhood period. Then she had imagined that her parents had definitely "changed" their personalities. "After that quarrel with the relatives," Peggy said, "father was a different person. He appeared cold and detached,

and he never was the same afterwards . . . When my mother came back from the hospital with the baby, she had changed. This was not mother, it was a different person, as if the real mother had died." These strange experiences of personality changes in herself and in her love objects repeated themselves vividly in the transference situation. Once the treatment had to be interrupted for weeks because the analyst fell sick. Coming to an analytic session, Peggy had been informed of her acute illness by a physician. Her fantasy fused him with a man whom she had once overheard talking with the analyst in an adjacent room. While her main reaction to the sickness of the analyst was that 'she was mean to leave her alone and was of no further value to her' she built up in her fantasy the picture of this man who might be the husband of the analyst. As the latter became the object of intense jealousy, Peggy indulged in glorious fantasies about him. She imagined how she might take revenge on the analyst by getting this man for herself. While her disappointment grew that she could not meet him any more, she began to depreciate him and to look forward to seeing the analyst again. He suddenly seemed changed to her, not worth her interest, since he appeared now unpleasant, cold, and detached like her father.

When we analyzed her reactions Peggy understood that she had revived the traumatic experiences during her mother's childbirth. When I had left her like her mother, she had revengefully betrayed the analyst in her fantasy with her supposed husband, the father substitute. This reaction the patient repeated more than once during the analysis by starting love affairs and playing them against the analyst whenever she felt disappointed. The unhappy ending of her love relationships would turn her love demands back to the analyst. Along with this fluctuation there always went complaints of a sudden change in the analyst or her lover, respectively. (The same contents of her complaints would be brought up later in her depressive periods in the form of self-accusations.) Peggy would say, for instance, that she had to turn to a man because the analyst had become different. While previously the latter had appeared strong and healthy, always radiant and full of life, she looked now physically and mentally weak, homely and untidy, she seemed unhappy and just as inferior as Peggy felt when she was depressed. At the same time, Peggy would build up an exaggerated ideal picture of the man whom she had approached, which would collapse as soon as he disappointed her. Then she would glorify the analyst anew. In other words, when Peggy felt disappointed and deserted by the analyst she would devalue her, but reanimate an idealized father-concept which she would pin on the man to whom she would attach herself. If the paternal image would collapse, she would return to the maternal ideal as represented by the analyst.

When Peggy's disillusionment would reach its peak she would feel deserted by both parent representatives and consequently fall into a fullfledged depressive period with deep narcissistic and sadis-

tic regression. During the initial phase Peggy would frequently go through an intermediary stage of rebellion. While she would detach herself from the analyst as well as from her friends and her family, she would indulge in spiteful fantasies of living alone without love, which would be in striking contrast to her actual feeling of ego impoverishment. During this phase Peggy, like another patient suffering from cyclic depressions, would start long affectionate dialogues with herself, playing a mother, soothing and caring her baby. At the same time her aggression towards the analyst would break through. She would wish to terminate the analysis and to prove that she did not need it any longer. What appeared to her then as the accomplishment of her wishes was to leave the analyst triumphantly behind as an inferior being, whereas she had become superior and powerful instead. The roles would be changed. In the course of the analysis the unconscious content of those deeply hostile fantasies of independence would come out in the open. They revolved around hateful megalomaniac wishes for omnipotence through oral destruction and incorporation of her love objects who had deserted her. Those destructive notions were described in detail in the last paper. What actually happened was that such short stages of hostile rebellion would break down quickly in helpless anxiety and lead over into a depressive period. Her loving and soothing attitude towards herself would change to self-criticism and self-accusation. Peggy would express increasing fears that through her guilt the power that she had endowed the analyst with might actually vanish. Then she would collapse. She preferred her belief in the analyst's power, even though it scared her, to the feeling that the analyst might shrink into nothingness, since she depended on her as on "her only value". In a frantic effort, Peggy would try to build up the image of the analyst again, and to cling to it as to the omnipotent goddess who might protect her from her threatening, cruel superego that would persecute her with magic fears. During short periods of deepest regression her relationship with the analyst would disintegrate, too, and would be no more than a reflection of her inner conflict.

In severe anxiety attacks Peggy would fantasy how the accomplishment of her destructive wishes might end in her own self-destruction. What was impressive during such phases when Peggy would present the picture of a schizophrenic rather than that of a depressive psychosis, was the personification of her superego or her anxieties. Then she would actually feel them to be objects which she had physically incorporated and which threatened to "destroy her from within". She would imagine, for instance, that she might take in a gigantic penis through mouth, anus, or genital, then she might burst and die. At the same time Peggy would say that 'her fears were the only value left over'. "I wanted to take over the pleasure and got the dangers instead. I have to keep them alive: they are better than blankness, they are at least emotions. If I would get over my fears, my own self would die. There would be no danger left, but no pleasure either. They are dangers left alive, but dangers promising possible future pleasure."

What Peggy means is that her fears are the only distorted remnants of the demolished love objects and of her object relationships which she holds on to because she still depends on them. As her masochistic submission to her anxieties represents what is left over from her love relationships, her ego still feels alive in the struggle with her cruel superego and in the hope for future reconciliation and reunion with it.

Accordingly, Peggy would suffer most during periods of blank depression with the feeling of complete inner death, of nothingness. Then it seemed as if her demolished ego had lost even the power to react with anxieties as last representatives of the destroyed object world.

The discussion of the material presented will have to start from the understanding of Peggy's personality and of the nature of her object relationships outside of her depressive periods.

Obviously, Peggy has not developed to a mature genital level but shows strong oral characteristics in her attitudes and love relationships. She wants intensely to attach her love demands to such persons, man or woman, whom she may depend and lean upon. Her anxious masochistic submissiveness hardly conceals a demanding and possessive attitude toward love partners and friends, and insufficiently protects her from underlying passionate, jealous, and envious impulses toward man and woman alike. Peggy tries hard to live up to her high and strict ethical and cultural standards, but at the same time she reprojects them on the friends and love partners she selects. Their superiority she regards as yardsticks for her own value. That is why she tends to put them on a pedestal and expects them to embody the ideal qualities with which her fantasy equips them.

Hence, her relationships betray the narcissistic traits described above. Her love objects represent omnipotent parental ideals with which she identifies through participation in their superiority. To be loved and to find recognition by them expresses her effort to overcome the permanent tension between her ego and superego. As Peggy reprojects her superego on the object world, her relationships re-assume characteristics coordinated to the stage of development when she broke down in her first depression, at the age of three-and-a-half years. Like then, disappointment in her love objects must have the effect of a deep narcissistic injury.

When Peggy is disappointed she repeats what she did then. She aggressively deserts her love partner and turns to a person of the other sex, thus alternating between father- and mother-representatives. Each time her disillusion results in a devaluation of her love object which endangers her ego. Hence, her fluctuation be-

tween her love objects is to be understood from the perspectives of her ego as an attempt to regain its balance by alternately leaning on a different object that she can equip again with the desired ideal characteristics. Thereby her ego participates alternately in the deflation of father- or mother-representative and recuperates by rebuilding the ideal of the other parent which again is pinned on a real person.

The depression starts when Peggy is disillusioned in man and woman, both. Since at the time of her first depression the whole object world was still represented by her parents, her disappointment in both of them leads now like then to a general disillusion in life which does not fulfill her exaggerated expectations. The collapse of her object relationships shifts the scene of conflict into her ego.

The demolition of her love objects which she depends upon threatens her own ego with collapse. She tries to escape this danger by resorting to and reanimating their omnipotent images in herself. In those short rebellious stages, frequently preceding her complete depressive breakdown, she indulges in hateful fantasies of autarchic independence, which means an omnipotence of her own, achieved by oral destruction and introjection of her love objects. While her hostility is then fully turned to the outside world, she succeeds for some time to save her ego by taking over the role of the good powerful parents, lavishing love on herself. This illusory wishfulfillment must be given up as soon as her growing aggression confronts her with the danger of a manic outburst which, by destruction, would again achieve her own self-destruction. She prefers submission to a punishing superego which promises future reconciliation and happiness to a fatal liberation in mania. The less Peggy can find her way back to a demolished object world upon which she no longer can project her images, the more does her inner pressure increase. Self-love turns into anxiety and self-destruction, as her superego assumes the archaic characteristics of evil demons flooding her with fears and continuing the annihilation of her ego.

In this pathological process the originally recuperative function of her superego becomes reversed, as the cleavage between ego and superego no longer can be bridged. Their union must be prevented as a twofold danger: the one a destructive manic outburst, the other the suicidal victory of the superego. Both avenues lead to self-destruction.

I have described how, in the case of Peggy, the depressive con-

flict between ego and superego developed. The analytical material presented corresponds in its essential elements with that of other patients with depressive conditions, including cyclothymic cases.

I shall summarize the observations and conclusions gained from the case material.

The first part of the paper dealt with the general effect on ego formation of disillusionment during the first childhood years. It was shown that disappointment causes shrinking of the ego through participation in the deflation of the magic parental images which the child depends upon. The ego reacts with various attempts at selfrestoration which are the more successful the more advanced ego development is at the time of injury. Among the narcissistic defenses, superego formation plays an essential part as an effort at recuperation through re-animation and integration into the ego of omnipotent idealized parental images which further the personality development and the solution of the oedipus conflict.

The case material of Peggy permitted insight into the disturbances caused by disillusionment at an early infantile stage, as they present themselves in the depressive conflict.

The primary childhood depression is precipitated by coinciding severe disappointments in both parents at the beginning of the oedipal period. The general disillusionment at a phase when the infantile love relationships still have those narcissistic characteristics that were described above leads, with the breakdown of object relationships, to the annihilation of both parental images in which the ego participates. The ego is not yet able to profit from disappointment by acquiring growing independence along normal lines of defense and sublimation. Its attempt at self-restitution by precocious reactive establishment of an over-powerful superego fails in its purpose. The depth of regression and the fact that the superego takes up the images of both parents equips it with archaic strength and cruelty which completes the demolition of the ego instead of its reconstruction. This creates the schism within the ego that is so inexorably represented by the melancholic conflict.

In the light of this concept, symptoms such as feelings of guilt, and unworthiness, self-accusations, suicidal impulses, and the like, which stand out in the typical clinical picture of melancholia, must be understood as secondary formations, representing, as it were, the failure of a restitutive process.

What impressed me in some cases of mild endogenous depressions was that the guilt problem seemed to be of comparatively

little significance, as far as purely clinical investigation could ascertain. This type of patients presented the picture of blank depression with the feeling of disillusionment in life, a general physical fatigue, and exhaustion, emotional emptiness, a lack of initiative and hypochondriac fears, but no conspicuous guilt conflict. It appeared as if these patients suffered from a weakness of the ego arising from disillusionment which had not even started a powerful, restitutive superego reaction formation.

After recovery from the primary depression the child reaches out again for his lost love objects. Narcissistic libido is thereby partly transformed back into object libido, as ego and superego regain more normal functions. Since, however, the oedipal development has been disrupted in childhood at the beginning genital stage (Gerö 11) before ever reaching its peak, the fragile object relations keep up the traits of pre-oedipal oral ego dependence and submission, with reprojection of superego and ego ideal images onto the outside world. The narcissistic setting of the personality is not fundamentally changed as the case of Peggy demonstrated. Any new disappointments may break up the brittle relationships again and revive the inner conflict according to the pattern established before.

With regard to the problem of mania, I can contribute only a few remarks about the distinction which, as it appears, should be made with regard to a certain type of hypomanic conditions. It seems that hypomania can be a temporarily successful conflict solution within the framework of a basically sick personality by way of a true reconciliation between ego and superego. While in some types of hypomanic and manic conditions the ego escapes into an illusion of power by alliance with the id, but actually gives up its essential functions, in other forms of hypomania the condition represents a victory of love over destruction, leading to a true expansion of the ego along social and cultural lines. It is well known, for instance, that there are artists suffering from cyclothymia who are most creative during seemingly healthy intervals, which are actually hypomanic conditions. In two patients I could observe how, in the stage of slow recovery from depression and transition into hypomania, the punishing superego would gradually lose its destructive traits, while high-strung ideals, social interests, cultural strivings and love relationships would be built up again, which the strengthened and elated ego would pursue successfully and enjoy intensely.

We proceed to comparing the concepts which have been pre-

sented with those of other authors. Freud (7) was the first to describe the superego as reaction formation against the oedipal strivings through partial identification with the parents. Earlier Freud (9) had defined the ego-ideal as "substitute for the lost narcissism of childhood, when one was one's own ideal". He described the type of loving which raises the love object on the pedestal of an ideal. Later on, Jekels and Bergler (14) have discussed the compromise nature of the superego and its function of restoring the shaken balance of the ego and of maintaining the infantile feeling of omnipotence. Within the frame of these concepts this article described the superego formation as an attempt at self-restitution of the ego in reaction to the traumatic effects of disappointments.

Freud (7) raised the problem why, as identification with the love object substitutes the object relationship, the boy does not develop essentially a maternal superego as outcome of the oedipus period. He explained it by pointing out the complete double oedipus conflict and the constitutional strength of bisexuality in the child.

This problem is clarified further by understanding the superego as reaction formation to disillusion in and devaluation of the object which is the main source of narcissistic support. Since the shift to the father, as has been discussed before, makes him the representative of power which the little boy leans upon, it is the paternal image that becomes the kernel of the male superego.

Abraham (2) was the first to compare melancholia with the process of mourning. Freud's (10) theory that the melancholic patient turns his hate from the given-up love object toward his own ego has been verified by the clinical material which Abraham (3) presented. Influenced by his observations that the introjection mechanisms of melancholia are based on early infantile oral sadistic impulses, Rado (16) and Klein (15) have devoted their interest mainly to the study of normal infant reactions as creating the pattern for the inner conflict in manic-depressive conditions.

According to Rado (16) the baby's change from hunger to satisfaction is the model for the circle of action, self-punishment and reconciliation in cyclothymia. Although Rado like Klein neglects the conflict history in melancholia, his theoretical deductions have shed light on the conflict between ego and superego and on the problem of double introjection of the love object into the ego and superego in depression. He stated that "the superego in its origin from the ego takes up the concept of good parents with

the right of the good parents to punish the ego", which accounts for the cruelty of the superego. The complicated melancholic introjection mechanisms become more intelligible when we consider the distinction between the deflated, bad parental images which are reflected in the unworthiness of the ego, and the inflated, good or bad, punishing ones which are set up in the superego as recuperation reaction to narcissistic injury.

While the child can still hope to gain back love and security from the punishing, godlike parents by atonement, he cannot expect anything any more from the devaluated parents; hence the substitution of the worthless love object by its inflated image in the superego.

The concepts of M. Klein (15) correspond in some respects to the theories of Rado. She considers the manic-depressive condition as a fixation to a normal early infantile stage, when the child wards off its fears of retaliation by intro- and ejection mechanisms. Her observations certainly point to the necessity and paramount importance of thorough analytical research work in the field of baby psychology. As to Klein's clinical material, the historical picture of her cases appears rather blurred. It seems that she re-projects fantasies of a later childhood period to earlier infantile stages. Consequently, Klein loses sight of the realistic conflict history throughout later infantile phases and its role in the building up of the inner conflict in cyclothymia. Her focus seems unduly shifted onto the pathogenic significance of the first years of life.

No doubt, there are definite observations of children up to three years with depressive symptoms which reflect disturbances of the pre-oedipal mother-child relationship. In the analysis of adults one can rarely ascertain such early forerunners of the later illness which may be overshadowed by the fatal impact of the oedipus experiences. However, corresponding with Abraham's fundamental clinical observations, the analysis of patients with depressive conditions revolves around the early oedipal stage as the period which definitely establishes the pattern for their future breakdown. Accordingly the superego formation cannot be regarded as a steady process starting with the introjection of good and bad images in infancy but as a re-animation of magic idealized images and their integration in the ego. It is a regressive and, at the same time, progressive process developing in reaction to pre-oedipal and oedipal experiences of disappointment.

A few final remarks may put some highlights on the difference between the normal superego and that of the depressive patient.

The mature superego of the healthy person, formed around the unconscious nucleus of magic parental omnipotence, presents itself as firmly integrated, depersonified reaction formations with self-critical functions and a well developed ego-ideal apt to protect, restore and build up the ego. In the depressive patient the superego formation starts earlier, at the beginning oedipus period, as an intense reaction to severe disappointments in the parents, signifying a collapse of the object relationships and the onset of the primary depression. While the normal superego takes up mainly the idealized image of the one parent who is object of identification and narcissistic dependence, the depressive superego originates in precocious introjection of both the inflated parental images. The normal superego is flexible with regard to outside influences, but firm, not prone to sudden changes of its functions. It is but an auxiliary instrument of control and guidance which does not interfere with creative activity and freedom of the ego. In the depressive patient the superego is rigid and imposes itself on the ego and on the outside world. However, it deteriorates quickly in each depressive period by way of giving up its mature constructive functions. It changes them into an instrument of self-destruction, re-assuming the characteristics of early infantile sadistic images.

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COMPULSION NEUROSIS*

By SANDOR LORAND, M.D.

(New York)

The conglomeration of bizarre and contradictory symptoms and behavior that are found in compulsion neuroses presents an extremely difficult problem for the therapist. As a result of their ever present ambivalence, the powerful antagonism between love and hate, these patients wish to be dependent while feeling rebellious, exhibit a neat and clean appearance but are secretly impelled to dirtiness, have heterosexual ambitions which are countered by homosexual regressions, strong destructive tendencies accompanied by equally strong feelings of guilt. They desire to be good and bad at the same time.

Compulsion neurotics try to eliminate or relieve with magic thoughts and actions the discomfort (at times amounting to torture) caused by the antagonistic strivings. Instead of affording relief, however, these rituals further complicate their obsessive problems.

Freud's analysis of compulsion neurosis has provided us with a basic understanding of it and a formulation of its psychodynamics. To his original interpretation much has been added by more recent contributors. The studies of Abraham and Jones concerning the conflicts of the compulsion neurotic and the connection between obsessional conflicts and anal regression have enlarged the theory, aided in classification, and made the symptom complex of this neurosis more comprehensible. Ferenczi's description of the early superego formation and its connection with the pregenital phase of development was a further important contribution.

The usual complaint of the analyst is that the patient's symptoms and his carrying them to absurdity make the treatment tedious and unproductive. There is a good deal that at first seems

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obscure and puzzling in the symptom complex but with proper handling therapy can be successful. The prognosis for therapeutic success depends on various factors, among which the age of the patient is of paramount importance. The younger the patient, the better the prognosis, but older people can also be benefited to a very marked degree. In the symptom manifestation, various contradictory impulses find expression; the constant shifts and changes in the feelings of the patient make it difficult for the analyst to maintain empathy with the patient's moods. Many therapists lose patience and become discouraged; hence the literature on the subject reflects varying opinions as to treatment and possible results.

The tendency to regress to the anal stage of development (which immediately precedes the fully developed oedipus phase) results in the strong ambivalence and narcissistic involvement characteristic of the compulsion neuroses. But the pregenital drives that have such an important role in the creation of the patient's neurosis do not completely achieve their goal of forcing the patient to regress to the anal phase. Strong oedipal tendencies and genital drives can be detected in the symptomatology. The partial regression to the anal-sadistic, pre-oedipal period carries with it strong drives belonging to the oedipal phase. This overlapping creates an additional difficult problem in the therapeutic process. A steady battle rages between the masculine tendencies (belonging to the genital phase) and the passive, feminine ones (which characterize the anal).

The symptom complex of the compulsion neuroses is the result of a compromise between instinctual drives and superego commands and prohibitions. At times the outstanding symptom clearly expresses the compelling force of the superego. Sometimes the compulsion represents a defense against the threat of the breaking through of instinctual drives.

Fantastic and grotesque as the obsessions and compulsions may appear, they can be understood if examined in the light of the patient's developmental history. But the relationship between symptoms and history is very difficult to uncover, and to accomplish it is sometimes a very tedious and prolonged task. The history always reveals that the instinctual tendencies were forced to expression in the particular form in which the compulsive neurotic displays them. Analysis also discloses the important role of the superego in the early period of development and will show that the obsessions are centered around the father. Indulgence and

pampering during the oral and anal period of development result in grave interference with development into a normal oedipus stage with strong genital aims. There is constant vacillation and indecision in the compulsion neuroses in regard to growing up or remaining a child: realizing genital tendencies or regressing to anal drives. The conflict ends in a compromise of partial regression to the anal-sadistic level, attempting thus to maintain some genital aims while clinging at the same time to passive anal tendencies. Further complications arise from this compromise because implicit in the genital aims is the danger of castration. In order to eliminate the fear of castration, a passive line of development is followed and homosexual, self-castrating tendencies are utilized by the patient.

The history of the compulsive neurotic will also show that in the anal phase of development the parents were actually more tolerant and attentive, permitted and encouraged more dependence than is considered normal. When the genital phase was reached, prohibitions and demands for adjustments and independence were suddenly imposed upon the child who met them with strong rebellion and aggression. As a result, powerful repression had to be employed by the child to prevent open defiance which would have caused him to be punished. Generally the last phase in the developmental history of the child in which strong dependence is present and even encouraged, is the anal phase. Because he clings to the anal-erotic phase of development, the compulsion neurotic expects dependence and reassurance and demands it more vigorously.

The severe self-punishing tendencies which so strongly interfere with the therapeutic process are a result of repressed aggression. It becomes evident in analysis that the anal activities and functions are charged with erotic feelings and, to a certain degree, carry genital aims. The superego, which is intolerant of genital desires, punishes anal activities because they satisfy sexual feelings. Experience has repeatedly shown how strongly colored with anal tendencies the sexual life of the compulsive neurotic is: for instance, how strongly sadistic the act of intercourse is to him (amounting to an expression of the wish to get rid of dirty excretions [sexual secretion], soiling the partner).

The patient's constant struggle is between his compulsive drives and self-condemnation for giving in to them. The elaborate rituals and complicated ceremonies for security from the tendencies to rebel consume a large portion of his energies and seriously

interfere with his functioning and activities. True, the protective measures become stronger in this way and the patient feels safe from the breaking through of rebellion; but at the same time the rejected, repressed impulses also become stronger. Basically all defense mechanisms are used against the emergence of desires and impulses connected with the oedipus relationship.

The oedipus desires, which contain genital involvement, are fraught with danger for the ego. Therefore, regression to the anal phase of development is continually attempted. Feelings of rivalry and aggression, and desires to destroy the severe superego exist side by side with their opposites: desire for protection, guidance, love, reparation by the parents, who even when thought of as frustrating, demanding persons, are *at the same time the objects of love*. The interaction of these contradictory strivings results in symptom formation.

The outstanding defense mechanisms of which the compulsive neurotic makes use are:

(1) *Isolation* of the conscious (thinking) from the unconscious (magical) part of the personality. The patient separates his feelings from the symptom, hiding its latent meaning because he dares not admit to having the feeling that the symptom conceals. Thus, because of a strong sense of guilt, his actions are disconnected from their source.

(2) *Reaction formation*, by means of which the patient covers up instinctual drives with a display of an opposite tendency. For example, he may hide rebellion and defiance under a cloak of extreme obedience, or be scrupulously clean and neat while secretly wishing to be dirty.

(3) *Undoing* unconscious drives by means of magic thoughts or gestures. This defense mechanism is always at work in the compulsion neurotic. The undoing mechanism is also applied to the passage of time. One patient (whose treatment is described further on) confused appointments and made telephone calls late at night, trying to force his environment to be at his service irrespective of time. One might have expected him to be obsessional regarding the analytic hour, but on the contrary, he was punctual at times, sometimes late, and sometimes early. His punctuality or lack of it always had a specific, unconscious object. This patient's attitude toward the passage of time was carried over into his work habits. He would play the radio or do cross-word puzzles until midnight, then work from midnight until three or four in the morning and sleep nearly the whole day. In childhood he used to play in bed

after being told to go to sleep and his father had to punish him to make him try to sleep. He would go to the toilet when the other members of the family sat down to dinner, so that he had to be called to the table. He purposely stayed in the bathroom until he had been called many times.

He expressed his obsession regarding time by saying: "I don't want time to pass." That of course referred to his feeling of rebellion in childhood and adolescence when his parents, especially his father, wanted him to do things the moment he was asked. At the deepest level it referred to mother, oral pleasures and frustrations, sister's breast feeding when he was nearly two years old, and his rage against her (at birth he wanted to poke her eyes out) for having mother's breast. The passing of time meant growing up, something he tried to avoid by every means within his control. If he could stop time, he could always remain a child.

Still another defense against superego demands which is found in compulsion neuroses was described by Alexander as an attempt on the part of the patient to corrupt the superego. He pretends to be humble, obedient, even willing to suffer, thus expiating the guilt before sinning so that he may feel free to indulge. This type of resistance can be carried to a point where the patient is carefully obedient and overdoes all that is asked of him, just as he outwardly obeyed educational rules readily in childhood. This mode of behavior in response to analytic suggestions can succeed in making analysis appear absurd and ridiculous.

If the patient succeeds in making analysis appear nonsensical, he utilizes the situation to prove that the analyst (superego) is in the wrong; then he can feel justified in his aggression; he may even succeed in feeling equal or superior to the analyst. Under those circumstances, he feels free to indulge in gratifications that were hitherto prohibited by his superego. When confronted with these varied defenses, all of which are of a childish and primitive nature, treatment at times appears to be an impossibility.

The following case history is intended to illustrate the therapeutic process in compulsion neuroses: The patient was in his early twenties when he sought treatment but his history revealed that he had had obsessions and compulsions between the ages of nine and twelve. He was an only boy; his sister was born when he was twenty months old. He insisted in analysis that he remembered wanting to stick his finger in her eyes when she was an infant.

Around the age of nine or ten he continually asked questions of his parents when sitting at the dinner table. The habit so irritat-

ed them that he was often severely punished. He repeatedly bid good night to his parents whose bedroom door was left open at his insistence. He ceremoniously reiterated "good night" until his father silenced him, usually by shouting at him. During the same period he felt compelled to make sure that the electric light in his bathroom was turned off. The bathroom door had to be left ajar so that he could look again from his bedroom to ascertain that the light was off. He always had to look twice to be convinced, and he connected the looking twice with having two eyes. With both eyes he had to be sure that the light was out. When he had convinced himself that he saw with both eyes, he felt reassured that he was not blind. Around this time he also was impelled to touch his classmates' (boys) noses and also the nose of his governess. At about twelve he became aware of feelings of sexual excitement and had frequent erections. He questioned his father about them and the father seized the opportunity to warn him against masturbation.

These obsessions gradually disappeared but by the time he was in his early twenties (when he came for analysis) they had reappeared, and in addition he complained of a number of obsessive phobias and work inhibitions which he feared would cause him to lose his job. Outstanding among his many symptoms were obsessions concerning the toilet. He first had to make certain that the toilet was flushed and after that he had to be sure that the water stopped running. After washing his hands he felt compelled to try the faucet several times to see if it was closed. He had a problem about bathing and cleanliness: he could not decide whether or not to take a bath and sometimes went without one longer than a week, all the while feeling guilty and being afraid that he had an offensive odor.

A cause of great distress to him was his compulsion to telephone people repeatedly during the day or night and to make sure after the call that he had not left the receiver off the hook. He had to return again and again to convince himself that it was in place. These toilet and telephone obsessions made him exceedingly miserable.

He presented a clear and characteristic picture of the compulsive neurotic: wanting to be an anti-social, defiant child in every respect and at the same time being compelled to model behavior. All his symptoms expressed both these tendencies, in addition to serving as agents of self-punishment for his asocial drives. For many months he suffered intensely from self-criticism, but could

not understand why he felt as he did. The reason for his suffering was "isolated". It was therefore difficult for him to produce free associations, the progress of analysis was impeded and in addition he was prevented from *feeling* his relationship with the persons whom his compulsions concerned. It took a long time for him to realize that his compulsion to telephone people (mostly men) meant on the one hand to seek dependence (especially on men). It also expressed aggression towards women, derived from early feelings of aggression towards the frustrating mother; and at the same time it expressed his desire to call mother, to obtain reassurance from her. Additional factors in the telephone obsession were strong aggressive impulses against his employer, by whom he was very much intimidated, and whom he called sometimes four or five times in the course of the night. (The employer was usually in his office at night). The patient used all kinds of excuses for the calls, all directed at impressing upon his boss his obedience, dependence, industry, and ambition. Another means of trying to make a favorable impression (and also gain attention) was his use of long words and involved phrases. He was proud of his ability to weave them into his literary work. He wanted to be admired for his knowledge and for his scholarly vocabulary; to draw attention to these he spoke with a careful enunciation and a particular inflexion. This practise satisfied his vanity, but as it was also a substitute gratification for his exhibitionistic tendencies, feelings of rivalry, and desire for erotic pleasures, it had the additional effect at times of inhibiting him in his work. The accomplishment of his work meant proof of potency (sexual ability) to him. On a still deeper level it was equated with anal productions (erotization of thoughts and speech).

His obsession that the telephone receiver be on the hook had many determinants. One was undoing his tendency to call, which was an aggressive act. It also symbolically expressed the inactivity of his penis; it was not making any calls on women, therefore he was being a good boy and not rebelling against father's prohibitions. This obsession started to subside and later was eliminated when the patient was able to begin to follow a more positive, adult line of development; when he began to be active instead of regressive and dependent. He became less afraid of his employer, accomplished a separation from his wife and for the first time had his own apartment.

His concern about the toilet bowl being flushed and the water faucet shut off, led directly back to his early childhood memories.

It became evident that he was struggling with problems arising from his early childhood attachment to his mother, his desire for her, fear of his father and hostility towards him. From earliest childhood up to puberty he had many opportunities of seeing his mother's nude body and also his little sister's, as the two children were given their baths together. His strong hostility and feeling of frustration date from the time the sister entered the scene. The wish to be dirty carried the desire to have his mother give him a bath, as she did in childhood, to give him her attention, thus getting her away from father and sister. For all these desires he was compelled to punish himself and the suffering he endured as a result of these compulsive actions served his need for expiation of hostile tendencies. The obsessions about the toilet and faucet expressed the same contradiction: being a naughty spiteful boy, yet obeying superego commands and being an obedient, good boy. The toilet bowl also symbolized the female genitals, referring to mother and his early observations of her nude body. A flushed toilet bowl meant nullification of the unconscious wish to impregnate women, which had its origin in the early oedipus wishes. The dry faucet equalled abstinence from phallic pleasures, urination and seminal emissions.

These obsessions were also connected with the problem of seeing or touching the female genitals. The toilet and faucet substituted for his curiosity about the female genital, an interest that was outstanding in his early childhood and also in the early puberty period. The obsessions also served to isolate (and thereby eliminate) the discomfort and guilt which would accompany his preoccupation with the vagina. He felt embarrassed and ashamed of discussing these problems when they were related to his current experiences with women, after he had left his wife. He showed attempts to make analysis an obsession in order to avoid discussing his feelings about sex when he became more aware of such feelings.

The closed faucet further expressed undoing an extremely hostile unconscious desire to exterminate everybody. The repressed thought which eventually came to the surface was that if he let the faucet run there would be no water left in the reservoirs and people would die of thirst. Therefore he had to counteract this wish by means of the ritual of repeatedly trying the faucet to make sure it was closed. At times he felt compelled to leave a party or the theatre in the middle of a performance in order to come home and ascertain that the water was not running or that the telephone was on the hook. He had to be alert in his defenses against his re-

pressed aggressions. His ambivalence was constant because of the threat of recurring hate, which he tried to counteract with good behavior.

The great extent to which his sex life carried anal-sadistic tendencies became more and more evident as analysis progressed. In his marriage his sexual intercourse was isolated from his feelings. It was automatic, without tender or pleasurable sensations. After he divorced his wife and began for the first time to have pleasurable sensations with other women, he described his previous intercourse with his wife in derogatory, obscene, anal terms. He said that he had used her as a toilet, that he had felt only the desire to attack and soil her, and so forth. At times when he attempted sexual intercourse with his new friend, he felt confused, as if he did not know where the female genitals were. He himself remarked that this was rather a curious feeling, because he had had sexual intercourse with his wife innumerable times, always successfully, and he never had experienced such confusion. It seemed to him that he never had looked at or touched his wife's genitals and that he had not looked at his friend's genitals either. He had fondled her, however, and tried at times to put his finger in her vagina. In general he was more interested than ever in his sexual partner's reaction. But with the gradual development of his masculine sexual interest, attraction to women, and greater enjoyment of sex, he developed anxiety concerning subsequent attachment to the woman.

His obsessional indecisiveness was very much in evidence in his relationship to women. His continual feeling of doubt and his ambivalence basically concerned instinctual drives, especially sexual desires. The state of indecision was an endless source of torture to him. In every situation, the conflict between strivings for adulthood and remaining a child was present, thus he forced others to decide for him.

In his new relationships with women, especially after he experienced thrilling sensations and felt a real desire to be loved, the old pattern of castration fears again began to disturb his adjustment. The fear of impregnating his partner preoccupied him. The dangers of sexual intercourse, hurting the woman, making her sick through pregnancy, all these thoughts distracted him whenever he had a rendezvous. He recalled the agonizing feelings he had when his wife was pregnant. The compunctions about her suffering caused him to imagine similar situations with his new acquaintances. Obsessive ideas of killing the woman through pregnancy

made him feel that coitus was a sadistic attack upon the woman, and that he must refrain. On the one hand he was constantly excited sexually, having frequent erections; on the other hand he was convinced that he could not be attractive, women could not like him because of his looks. He wanted constant reassurance that father's threats at puberty about masturbation were untrue. (It will be recalled that at puberty when he asked about his erections, the father warned him against masturbating.)

At this period he produced a few interesting dreams which indicated the progress he had made.

"I am fighting, take a hell of a beating, but stand up." With all the associations, it boiled down to what the patient seemed to think about his progress: "I am more up than down at the present."

"A child is being killed. His head is being mashed because something was growing out of the neck, like a pimple, like a penis, that exploded and killed the child."

This dream reviews in a few short phrases his castration fear and actually his whole neurosis: the enormous fear of his childhood genital aims, fear of his aggression (exploding) from which he had to escape.

Another dream he reported: "I had a terrible fight with father and told him he is no better than I. I asked him why he feels so high and mighty and told him he is responsible for all my trouble."

In this period of gradual adjustment the patient's fantasies and dreams were still sadistically colored. However, through them he expressed real wishes and desires, in contrast to the dreams and fantasies of the early phase of analysis which were all of an escape nature.

The more progressive his sexual drives became, the greater were his defensive efforts to revert to the old regressive anal tendencies. The following dream is a good illustration:

"I wanted to find a lake to swim in. When I got there the lake was full of mud; the water was dried out and under the mud it was all like feces. I went into a latrine. I wore a pair of trunks. There was a row of toilets. I walked barefoot; there was urine on the floor and I was disgusted. Then I wanted to find the lake again. I saw it in the distance; I approached it but did not go in."

Around the time of the dream he had been going out frequently with women but was still afraid to accept the responsibility that

sexual intercourse involves. The dream expresses the conflict between his tendency to regress to the level of anal pleasures and the gradually strengthening desire for heterosexual experience (the lake). After a sexual experience he would use all kinds of abusive anal expressions to describe his partner and intercourse itself. But such regressive attempts quickly subsided. The ritualistic preoccupations and magical gestures which were intended to undo his destructive wishes and also to save himself, the fear of really feeling and expressing his aggression in an adult manner, were slowly replaced by a more mature attitude, and he was able to face his reality problems, above all his genitality, as an adult.

Therapy is a very slow process and cannot be hastened by means of any special technique. Active interference has no beneficial effect. On the contrary, it may add to the material of which the patient forms his obsessions. A suggestion may be interpreted by the patient as positive advice or even as a command. When he realizes that nothing has changed through his efforts to carry out the suggestion, he takes it as proof of the ineffectiveness of analysis and the analyst. Activity on the part of the analyst thus creates new waves of hostility, repentance and self-punishment. In treating compulsion neuroses the analyst must go very slowly, giving the patient time to go through his periods of depression and doubt. After such periods the patient is amenable to interpretation and is able to acquire some insight into his previous depressive feelings. During the time that he is acutely upset he is unable to see the connection between his actions and feelings because the torturing obsessions inhibit clear thinking or reality functioning.

To his unconscious, thoughts and feelings equal actions; the obsessive thoughts substitute for actions. Until the patient realizes that the two are not the same, he cannot indulge in thoughts or fantasies without feeling guilty and punishing himself. He must dare to recognize the latent meaning of his obsessive thoughts and compulsions and come to understand how they originated. Then the meaning of the symptoms must be investigated in the light of his experiences.

All analysts agree that it takes an extremely long time to break the obsessional system. This is accomplished through the transference relationship, in which the patient gradually learns to evaluate other external object relationships and reality situations. The transference will be a hostile one; the patient will discover that because of his sadism he fears emotional involvements and that his object relationships are therefore weak.

The first therapeutic success is achieved when the patient perceives the meaning of the threat which is causing him panic and is able to react to it. The reaction will be expressed in hostility towards the analyst, reviving and discharging aggression and rebellion which were first related to the patient's superego, later involved everybody and created his enormous sense of guilt, which he has been continually attempting to appease through both logic and magic. (With one part of his personality he works magic, still believing in the omnipotence of thoughts and gestures; the other part rages against carrying out such nonsensical impulses.) These two parts are clearly distinguishable: one striving to regress to the narcissistic magical period of development, while the other continues to be logical and maintains contact with reality.

The patient's display of his ever-present aggression paralleled by desires for guidance and love must be encouraged, not censured. In this way the ideas and verbal productions concerning the analyst will be *felt* by the patient. His repetitive compulsive preoccupations, which were a means of escape from such feelings will thus be reduced. Through the re-direction of the aggression to the objects which originally provoked it, the patient learns to dare to speak without fearing the consequences. Then the need to isolate feelings from intellect lessens and his fear of accepting his aggression diminishes. After he accepts his sadistic object relationships, he no longer feels the need to fight off emotional involvements and he slowly learns to accept tender feelings as well.

This patient's progress and imminent recovery were reflected in his reaction to the death of President Roosevelt. He had always liked to read the casualty lists and stated, when advanced in treatment, that it always gave him a secret pleasure. He felt that he would gain from the deaths of others because there would be less men in the world to compete with. However, towards the end of analysis he began to feel genuinely fond of some people. It came as a great surprise to him (and it was actually the first time in his life) that he had a feeling of sadness and loss with no conflicting feelings whatsoever, at the death of the late President.

THE TRANSFORMATION OF IMPULSES INTO THE OBSESSIONAL RITUAL*

By HANNS SACHS

A common characteristic of the majority of obsessional neuroses is the ritual which is established around the ordinary and routine acts of daily life. These acts, like dressing or undressing, washing, going to bed or using the toilet, touching or avoiding to touch certain objects, e. g., door-knobs or lamp-posts, have to be performed in an exactly prescribed manner, so that these simple acts absorb a disproportionate amount of time and attention. This amount becomes yet more excessive by the interference of the typical doubt which makes it necessary to repeat every one of these acts several times in order to make sure that it has been performed correctly. Anxiety, produced by any attempt to resist the compulsion, enforces obedience to the mysterious command.

The intensity of the force by which the performance of an insignificant act imposes itself on the ego and the displeasure which is felt when this act cannot be achieved, is very similar to the situation arising when the urge for an instinctual satisfaction (wish-fulfillment) manifests itself in full strength and gets frustrated. The obvious difference lies in the fact that the urge of an instinct originates in the id, whereas the obsession does not serve for the satisfaction of any recognizable id-tendencies. There must be another motivating force at work which, if it does not entirely replace the id, is at least strong enough to deflect its derivatives from their original aim. The ritual starts when the ego becomes subservient to this other power.

There is a group of obsessional phenomena that here attract our attention by traits that distinguish them from the obsessional ritual. Freud describes them in his "Notes to a Case of Obsessional

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Neurosis".¹ Their first appearance usually precedes the establishment of the obsessional ritual, sometimes by several years. They stand in a more manifest relation to the phenomena of instinctual life since they urge—although under the form of a compulsion—not acts which are indifferent and void of affect, like the arranging of pillows or the smoothing out of sheets, but deeds which, if performed, would constitute so called "crimes of passion". These impulses are mostly of an aggressive nature, very often homicidal or suicidal; they are cathected with great affect, rejected by the ego with the utmost energy and followed by an attack of anxiety. The acts toward which these impulses urge, are *never* actually carried out.

It seems that the appearance of these impulses marks a parting of the ways. The further development leads, as my experience has taught me, not always to an obsessional neurosis. It also happens that these impulses remain, i. e., return in more or less frequent intervals. Their dimly felt presence and the premonition of their return produces then one of the many forms of anxiety-neurosis. The self-protection of the ego against the anxiety, produced by these impulses, usually creates a phobia, e. g., the avoidance of edge-tools, of fire-arms or of high places and open windows.

Our interest belongs to the other way that leads to the obsessional ritual. Here the anxiety-signal is sufficient to initiate not only the suppression, but regularly also the repression of the offensive impulses; their obsessional character, i. e., their strangeness to the ego does not suffice to procure their immunity. They disappear from consciousness and in their place comes, sooner or later, the obsessional ritual. Yet, their disappearance is not complete. They remain or return as mere "thought-contents" as the patients call them, that is without being endowed with any psychic energy, either obsessional or instinctual, and without accompanying affect; they are consequently free from anxiety. Yet it remains always possible that such an aggressive, obsessional impulse erupts again with its original affective strength, in spite of all the obstacles. Such an incident is reported by Freud, when his patient suddenly received first the "command" to cut his throat, and then the one to kill the grandmother of his beloved.²

Our knowledge of the causation of obsessional neurosis by a regression of the libido to the anal-sadistic level enables us to recognize the genuine instinctual origin of these impulses. Slight

¹ *Gesamt-Ausgabe*, Vol. VIII, pp. 329-30.

² *Loc. cit.*, p. 298.

disguises and replacements have taken place; the persons against whom the aggressive impulses are directed are not identical with the original objects; not seldom the drive has been reversed against the patient's own person and appears as a suicidal impulse to which, however, the obsessional neurotic, as Freud points out repeatedly, does not give way. The rejection by the ego is the natural consequence of this return of the unconscious when it breaks through and enters consciousness without a carefully prepared disguise.

When we realize how much libido in its regressed, anal-sadistic form is contained in these impulses, one special aspect of their differentiation from the subsequent obsessional ritual becomes important for our further understanding: The anxiety which is bound up with them, is caused by the urge to perform certain aggressive acts. Yet this urge is never complied with. The ritual, the compulsory demand, carries no anxiety with. The ego goes through it with indifference or with resentment against an unnecessary and unintelligible imposition. The anxiety comes in here as the consequence of the opposite behavior, namely of *not* performing the act required by the compulsion—which consequently is performed.

The aggressive impulses with which we are dealing here belong to the id. The anxiety reaction is due to the fixation on the anal-sadistic level or the regression toward this earlier form of infantile libido. But it seems hardly credible that the vast amount of psychic energy which is invested in the obsessional ritual should be derived solely or principally from this source.

The contrast of the conditions under which anxiety appears in these two cases will be our best guide. We know that anxiety is a signal given to the ego (*die Angststätte*), of the imminence of a dangerous drive. This danger, constituted originally by castration, later by the cruelty of the superego, is not eliminated by the repression. On the contrary, in giving back to the repressed drive its autonomy in the unconscious and consequently aiding the anal-sadistic fixation, the condemnation by the superego becomes even more forceful. Nor is the rejection of the aggressive impulses a sufficient protection against the punishment inflicted by the superego since the latter is much better informed about the existence of the repressed impulses than the ego which is taken by surprise when they break through to consciousness, and reacts with anxiety. Yet, the obsessional ritual in which the same or kindred impulses are at work, is not only free from anxiety, the obsessional neurotic is compelled to perform these acts which he considers as superfluous or nonsensical in order to keep himself free from an-

xiety. This can only mean that the superego instead of punishing the impulses after they have succeeded in invading consciousness, now uses a more subtle technique of prevention. It insists that these silly acts, useless for all practical purposes must be performed, as a protection against the forbidden acts, aimed at by the repressed impulses. For this reason it uses all its strength to force them on the ego. The rejection by the ego of the impulses, the refusal to act on them, the anxiety which follows their breakthrough, were only the first stage of the conflict. A sort of "alibi" had to be evolved under the increased pressure of the superego and this "alibi" is the ritual with its strict and endless, obsessional demands. It became the next, but not the last stage of the neurotic process as one of the "measures in closest connection with the protection against an impulse", as Freud says.³

This implies that the ritual owes its origin and first development to the superego and not to the id. In the service of the superego the ritual supplants the repressed wishes (which are, from the standpoint of the superego, identical with acts) and forms an almost permanent "alibi". The ruling of the superego, to which the ego consents with more or less good grace, could be expressed as follows: "When you spend the best part of your time, of your attention, of your energy on these acts, then you are at least kept out of mischief." The superego assumes the attitude of the parental authority and resembles very much the bad step-mother who makes Cinderella pick the peas out of the ashes (by the by, a typical obsessional occupation), to keep her away from temptation.

We would expect that the ritual as an "alibi" is needed most where the temptation is strongest. This expectation is not disappointed by the observable facts. The ritual, as has been mentioned, is nearly always most intense in relation to dressing, undressing, washing, excremental acts and touching or not touching of certain objects. These have been the typical occasions when the infantile sexuality had been satisfied by genital or anal masturbation and related auto-erotic practices. It looks as if the ritual had been evolved in order to appease the superego by giving constant assurances: "See, I do not want to dirty my hands, I am washing them again and again. How could I possibly wish to touch my penis when I have to give so much thought and attention to touch the railings a given number of times?", and so forth.

According to Freud,⁴ "the obsessional ritual has the tendency

³ *Loc. cit.*, p. 347.

⁴ Inhibition, Symptom and Anxiety, *Gesamt-Ausgabe*, Vol. XI, pp. 52 and 54.

to change its character. Beginning as a protection against repressed wishes it develops increasingly into substitute-gratification; especially the suppressed masturbation succeeds, under the form of obsessional acts, in becoming a more and more close approximation to the gratification".

The law of the return of the repressed tells us that these returns of repressed impulses happen by way of the same psychic formations and mechanisms that were originally instituted for the purpose of their repression. Applying this law to Freud's observation we find a confirmation of our hypothesis. Since the ritual is used finally, when it comes under the domination of the id, as a means of the return of the repressed impulses, it must originally owe its existence to the intention of keeping these same impulses in repression.

The following extracts of a case history tend to demonstrate that the process of this transformation from impulse into ritual is sometimes open to the direct observation of the analyst. It concerns a man over thirty who suffered from a combination of anxiety-hysteria (phobia) and obsessional neurosis. One of his outstanding obsessional symptoms consisted in a ritual by which he was compelled to spoil the enjoyment of his weekend excursions. He was bound to study the road-maps, guide-books, and the like, with the greatest attention before he set out on the excursion. During the trip he had to look at every monument, church, historical relic, and so forth, and to use every road indicated in the map with the strictest conscientiousness. Of course, the pleasure of the trip was almost entirely drowned in these obsessional duties. He remembered on several occasions, but without connection with this symptom, that at the time of his beginning puberty a woman who lived in the next house had attracted his attention. He looked at her from the porch, observed her doings and her dress and had several opportunities to see some part of her body or of her underwear. After a time he lost interest in these observations, but remembers—here too without the slightest knowledge of any causal connection—that at the same period he developed an intense interest in geography which soon took the form of an obsessional scrutiny of every detail in the maps of foreign countries. This symptom was renewed in later years in the form described above in order to meet his reawakened sexual curiosity; the temptation against which he reacted was naturally most intense during week-ends since he was usually accompanied by a woman whom he wanted consciously to forsake whereas he was unconsciously deeply fixated

to her as a mother-substitute. Another attempt at sublimation which was concerned with his aggressive impulses, ended likewise in the deterioration to an obsessional ritual. The interest of the adolescent was aroused by things heard and occasionally observed about the harm done by alcoholism. The idea of a drunken father who maltreated his children filled him with horror and disgust. In his fantasy he became one of the children of such a cruel father. It is worth remarking that the patient's own father actually had nothing in common with this fantasy-figure, nor had the patient conscious memories of any harsh treatment by his father. On the contrary, all childhood memories showed him as a kind and protective figure. Nevertheless, the entire neurosis was founded on his unconscious fear of the father. The alcoholism and cruelty of the father in his fantasy were the projection of his own repressed oral-sadistic impulses. For a time this fantasy became so dominant that the patient decided he would become a great lawyer and devote all his ability to a crusade against alcoholism. In order to become a powerful orator he began to study the language and to enrich his vocabulary, but this degenerated more and more into an obsessional ritual of picking words out of the dictionary and memorizing mechanically their definitions so that in the end he had to give up his plan which anyhow, during this process, had lost the intensity of affect with which it had been originally endowed. Here the function of the ritual in stifling and deflecting the repressed impulses is as obvious as its use as an alibi: "I am not doing anything tending toward aggression. I am just playing with words."

In a mild case of obsessional neurosis a patient had to be very careful not to spill any liquid and, if it had happened, to remove any trace left of it. If, at table, he had spilled a few drops of water, wine, or tea he had to wipe them off very carefully at once or to endure a certain measure of unpleasant tension. His childhood problem had been wetting himself. Memories of such incidents of which he was very much ashamed, reach from early childhood to his eighth year. Here the tendency to establish an "alibi" against his repressed impulses is very simple: "Nobody can suspect me of wanting to spill my urine when I am so extremely cautious about spilling anything."

In giving a final survey of our problem we are reminded of the risk of exploring one side of it to the detriment of the others. Although the ritual is primarily a creation of the superego the id-elements, which eventually succeed in appropriating it to their

own uses, i. e., for instinctual gratification, are present from the start. Generally the ritual is far more concerned with the auto-erotic tendencies than with the aggressive ones. The superego reacts—broadly speaking—more directly and openly against the sadistic impulses. These may be dealt with sometimes—as in the case described above—by a ritual, but more often they are taken care of by reaction-formations, in a way that is generally characteristic for the obsessional neurosis.

This is done by expanding them far beyond their immediate scope and eventually elevating them to the rank of general leading ideas, like the opposition against oppression and cruelty or intolerance or other high ideals of a sensitive conscience. In other words, they become genuine parts of the character formation under the influence of the superego. In other cases, these reaction-formations do not reach the stage of full transformation into character traits and remain on the level of obsessional symptoms, e. g. when a person is compelled to look back whenever he passes someone in the street in order to make sure that he has not unwittingly hurt him. But even these symptoms have a good chance of getting justified in the eyes of the ego on the plea of their close relation to the superego tendencies. They do not appear to the ego of the patient as absolutely senseless; the one side of their motivation which overcompensates the aggressive impulses is appreciated. The guilt-feeling, which persists in spite of all that, drives home the truth that the aggressive impulses still exist, just as the anxiety which results if a part of the ritual is not correctly performed, proves that the urge for auto-erotic gratification is still active in the unconscious.

INTRODUCTORY REMARKS ON PSYCHOANALYSIS AND THE THEORY OF NEUROSIS*

By OTTO FENICHEL

Concerning the origin of the young science of psychoanalysis one often hears two diametrically opposed opinions. Some people say that Freud transferred the principles of the materialistic biology of his time to the field of mental phenomena, and sometimes they even add that Freud therefore, through being limited to biology, failed to see the cultural and social determinants of mental phenomena. Others state that at a period when the natural sciences were at their height, Freud's contribution consisted in turning against the spirit of the times and forcing the recognition of the irrational and the psychogenic in defiance of the prevalent overestimation of rationalism.

What should we think of this contradiction? Through gradual development, scientific thinking is winning out over magical thinking. The natural sciences, originating and evolving at definite periods in the development of human society (when they had become a technical necessity), have had to overcome the most violent and stubborn resistance in their attempt to describe and explain actual phenomena. This resistance affected different fields to a different degree. It increased in proportion to the approach of the subject matter of the science to the personal concern of man: physics and chemistry freed themselves earlier than biology, biology earlier than anatomy and physiology (not so long ago, the pathologist was forbidden to dissect the human body), anatomy and physiology earlier than psychology. The influence of magic is greater in medicine than in pure natural science, due to the tradition of medicine, which stems from the activities of the medi-

* Reprinted from: *The Psychoanalytic Theory of Neurosis*, by Otto Fenichel, M.D. New York, W. W. Norton & Co., 1945, pp. 3-10.

cine men and priests. Within medicine, psychiatry is not only the youngest branch of this magic-imbued science but it is also the one most tainted with magic.

For centuries psychology was considered a special field of speculative philosophy, far removed from sober empiricism. If one considers the more or less metaphysical questions that used to be of paramount importance, it is easily recognized that the problems discussed continued to reflect the antithesis of "body and soul", "human and divine", "natural and supernatural". Everywhere valuations influenced, unfortunately, the examination of facts.

A glance at the history of science teaches that the process of overcoming magic has not been a continuous one. There have been advances and retreats which certainly cannot be explained merely in terms of a history of ideas. The fluctuations in this struggle are dependent on complicated historical conditions. They can be understood only through the study of the society in which the struggle takes place and of the conflicting interests of its various groups. That the history of medical psychology is no exception to this rule can be seen from the interesting book by Zilboorg and Henry.

Psychoanalysis represents in this struggle a definite step toward the aim of scientific thinking in psychology—away from the magical. Recently Bernfeld again stressed the completely materialistic orientation of Freud's teachers and of Freud's own prepsychoanalytic thinking.

Certainly it must be admitted that Freud was not the first to consider the field of mental manifestations from a natural-scientific point of view. There were natural-scientific psychologies before him. But compared to the "philosophical" psychologies, these natural-scientific psychologies have always been in the minority, and they have only been able to treat disparate mental functions. An understanding of the multiplicity of everyday human mental life, based on natural science, really began only with psychoanalysis.

Now the question can be answered concerning the contradictory statements of Freud's place in the history of science. The golden days of materialistic biology and medicine simply did not regard the whole field of humanity as their universe of discourse. The neglect of the mental field indicates that the progress of scientific thinking was purchased at the price of allowing one entire realm of nature, the human mind, to remain a residue of religious and magical thinking; and the contradiction in the historic

evaluation of Freud's work is solved by recognizing that actually he did both: by opposing the idea that "mind is brain" and by emphasizing strongly the existence of the mental sphere and the inadequacy of physical-scientific methods to deal with it, he won this terrain for science. In spite of assertions that Freud, by giving the "subjective factors", the "irrational", its just due has turned against rationalism, his procedure clearly reveals the spirit of that broad cultural trend which proclaimed as its ideal the primacy of reason over magic and the unbiased investigation of reality. What had previously been considered sacred and untouchable, now had to be touched, because the validity of the taboos was denied. Freud investigated the mental world in the same scientific spirit as his teachers had investigated the physical world, which implied the same rebellion against the prejudices that had been taught up to that time. The subject matter, not the method of psychoanalysis, is irrational.

The objection may be raised that such a statement is a one-sided presentation of psychoanalysis. Does not this science include quite a lot of mystic tradition? Did it not develop out of hypnotism and the latter from "mesmerism"? Is it not a "mental healing" which means a sort of magic? Certainly psychoanalysis has developed directly out of magical therapeutic methods. But it has eliminated the magical background of its forerunners. Of course, in every mental development rudiments of earlier phases persist. Actually, it is not difficult to find many magical features in the theory and practice of psychoanalysis. (Probably this would not be difficult in other branches of medicine either.) Psychoanalysis as it is now constituted undoubtedly contains mystic elements, the rudiments of its past, as well as natural-scientific elements toward which it is striving. It cannot help retaining some mystic elements, at least in the same sense in which the activity of a police dog in police investigations is—as Reik has recognized—a survival of the animal oracle. However, the police dog has the ability to scent out the criminal. It is the aim of psychoanalysis to reduce its magical elements at least to the same level of insignificance at that to which modern criminal investigation tries to reduce the magical elements in its detective methods.

Scientific psychology explains mental phenomena as a result of the interplay of primitive physical needs—rooted in the biological structure of man and developed in the course of biological history (and therefore changeable in the course of further biologi-

cal history)—and the influences of the environment on these needs. There is no place for any third factor.

That the mind is to be explained in terms of constitution and milieu is a very old conception. What is characteristic for psychoanalysis is *what* it regards as biological structure, *which* environment influences it recognizes as formative, and *how* it relates structural and environmental influences to each other.

As to the biological structure, a scientific psychology first of all must posit itself within biology. Mental phenomena occur only in living organisms; mental phenomena are a special instance of life phenomena. The general laws that are valid for life phenomena are also valid for mental phenomena; special laws that are valid only for the level of mental phenomena must be added.

Thus a scientific psychology investigates, as does any science, general laws. It is not satisfied with a mere description of individual psychic processes. An exact description of historical processes is its means, not its goal. Its subject is not the individual X but the comprehension of general laws governing mental functions.

Besides, a scientific psychology is absolutely free of moral valuation. For it, there is no good or evil, no moral or immoral, and no what ought to be at all; for a scientific psychology, good and evil, moral and immoral, and what ought to be are products of human minds and have to be investigated as such.

As to the influences of the surroundings, these must be studied in detail in their practical reality. There is no "psychology of man" in a general sense, in a vacuum, as it were, but only a psychology of man in a certain concrete society and in a certain social place within this concrete society.

Concerning the relation between biological needs and the formative environmental influences, this book* will demonstrate adequately how psychoanalysis approaches the problem. At this point, only the following needs to be said. In the endeavor to investigate the relationship between biological needs and external influences, one or the other of these two forces may be overestimated. The history of psychoanalysis has seen both types of deviation. Certain authors, in their biologicistic thinking have entirely overlooked the role of outwardly determined frustration in the genesis of neuroses and character traits, and are of the opinion that neuroses and character traits might be rooted in conflicts between contradictory biological needs in an entirely endogenous manner.

* This and the following remarks refer to *The Psychoanalytic Theory of Neurosis*.

Such a point of view is dangerous even in therapeutic analysis; but it becomes entirely fatal if it is assumed in applications of psychoanalysis to sociological questions. Attempts of this kind have sought to understand social institutions as the outcome of conflicts between contradictory instinctual impulses within the same individuals, instead of seeking to understand the instinctual structure of empirical human beings through the social institutions in which they grew up.

But there are also certain authors at the other extreme who reproach psychoanalysis as being too biologically oriented, and who are of the opinion that the high evaluation of the instinctual impulses means that cultural influences are denied or neglected. They are even of the erroneous opinion that the demonstration of the importance of cultural influences contradicts any instinct theory. Freud's own writings contain, essentially, descriptions of how instinctual attitudes, objects, and aims are changed under the influence of experiences. Thus it is absurd to be of the opinion that the proof of the existence of this influence contradicts Freud.

We agree with Zilboorg that it is not difficult to find in all such "culturistic" deviations a distorted return to magical thinking and to the contrast of body and soul. At first glance it looks as if the stressing of cultural factors, because of their significance for mental development, expressly brought about an emphasis on reality; but actually this viewpoint denies reality by denying man's biological basis.

Certainly not only frustrations and reactions to frustrations are socially determined: what a human being desires is also determined by his cultural environment. However, the culturally determined desires are merely variations of a few biological basic needs; changing the primitive biological values of "gratifying" and "frustrating" into the highly complicated systems of values of modern man is just the thing that can be explained by psychoanalytic study of the history of the particular man and the influences of social forces to which he has been subjected. It is the task of sociology to study these social forces, their genesis, and their function.

The application of the general principles of natural science to the special field of psychology naturally presupposes the development of new *methods* of research that are adequate to its subject matter. Attempts to keep the mental realm outside of causal and quantitative thinking ("theory grays the many-colored pattern of life") thwart real insight, as does also a pseudo exactness which

believes it necessary to transfer the biological methods of experiment and scientific protocol to a field where these methods are not suitable. (Astronomy also is unable to resort to experiments and nevertheless is a natural science.)

Against the statement that psychoanalysis aims at the full scientific research into mental phenomena, it might be objected that this formulation is either too narrow or too broad. Psychoanalysis maintains that there is an unconscious mental life, and it studies this unconscious. Since under the term "the human mind" the conscious phenomena are usually understood, it would seem that psychoanalysis is concerned with more than just human mental life. On the other hand it may be asked: is not psychoanalysis above all a psychology of neuroses, or a psychology of instincts, or a psychology of the emotional components in mental life—whereas the more intellectual components and the individual functions, such as perception, the formation of conceptions, judgment, would have to be investigated by other psychologies?

These objections are not valid. The thesis that in investigating the unconscious, psychoanalysis is undertaking something that lies beyond psychic phenomena may be compared to an assertion that optics is investigating something other than the phenomena of light when it occupies itself with the wave lengths of light waves. The existence of the unconscious is an assumption that forced itself upon psychoanalytic research when it sought a scientific explanation and a comprehension of conscious phenomena. Without such an assumption the data of the conscious in their interrelationships remain incomprehensible; with such an assumption, that which characterizes the success of every science becomes possible: to predict the future and to exert systematic influence.

As to the argument that psychoanalysis is concerned with neuroses or with instinctual and emotional phenomena only, it must be admitted that these subjects are predominant in psychoanalytic research. This can be explained historically and practically. Psychoanalysis began as a therapeutic method and even today secures its research material principally because of the happy circumstance that its psychological research method and the medical therapeutic method coincide. What Freud observed during the treatment of his patients, however, he could apply later to an understanding of the mental phenomena of healthy persons. When psychoanalysis then went on to study the conscious phenomena and the various mental functions, it could do this in a way different from that of other psychologies, for it had previously studied the unconscious

and the instincts. It conceives of all these "surface manifestations" as structures that have been formed out of deeper instinctual and emotional sources through the influence of the environment. Of course it should not be claimed that except for the Freudian findings there is no scientific psychological knowledge; but it should be asserted that all psychological knowledge gains new light when considered from the psychoanalytic point of view.

However, this book is *not* a textbook of psychoanalytic psychology; it limits itself to the theory of neurosis. It is true that neuroses, for the analyst, provide the most fruitful study in the realm of mental phenomena; after having studied the neuroses, it will be easier to study other mental phenomena. In this sense, this is perhaps a first volume of a textbook on psychoanalytic psychology.

The theory of neurosis has the same relation to psychoanalytic therapeutic practice as pathology has to internal medicine: inductively arrived at through practical experience, it furnishes the foundation for further practical work. It represents an attempt to ascertain that which is regular in the etiology, the manifestations, and the clinical course of neuroses, in order to furnish us with a causally directed method of therapy and prophylaxis.

Nothing should be demanded of such a theory that a medical man would not demand of pathology. The search for "regularity" permits a formulation only of that which is of general significance and so, in a sense, does violence to the uniqueness of the individual case. In compensation, however, it gives the practitioner a better orientation, even though it must be remembered that this orientation alone is not sufficient for the actual treatment of individual cases.

We shall endeavor to clarify the theory by clinical examples. But it will remain "theory", that is, abstraction. All the examples tend only to illustrate mechanisms; thus they are illustrations but not case histories. What may be reported in a few lines as a result of psychoanalytic research, sometimes required months of work.

Thus only the typical will be presented here. Actually the psychological facts represented by the terms oedipus complex or castration complex are infinitely varied. This book presents the framework which, in clinical reality, is filled with thousands of specific facts. Clinical experience with practical cases (supervised work with patients and case-history seminars) cannot be supplanted by a book like this; neither can it substitute for training in psychoanalytic technique. It can, however, give an impression as to why

special training in technique is necessary, and why a personal analysis is an irreplaceable part of this training.

Those who have not undergone a personal analysis will probably be able to understand intellectually what is presented in this book; but probably many things will seem to them even more incredible and "far-fetched" than psychoanalytic case reports. Persons who "do not believe in psychoanalysis" will not be convinced by reading this book. They can only inform themselves about what the teachings of psychoanalysis actually are.

But even this seems very necessary. Many critics who "do not believe in psychoanalysis" do not know what psychoanalysis is about, and are in the habit of ascribing to Freud a great many things he never said or wrote.

However, the reading of case histories offers the best method for remedying deficiencies in personal experience, and is therefore the most important supplement to the reading of this book, just as attendance at clinical lectures or the reading of clinical case reports is the best supplement to the study of pathology.

It is in no way true that in discussing events of human life one has to choose between the vivid, intuitive description of an artist and the detached abstractness of a scientist thinking only quantitatively. It is not necessary and not permissible to lose feeling when feeling is investigated scientifically. Freud once stated that it was not his fault that his case histories gave the impression of a novel. To understand neuroses one would have to read such novel-like case histories as well as books like this; but it can also be promised that such case histories will be understood in quite another way after this book has been studied.

The admission that the practical art of analyzing cannot be acquired through reading this book is no cause to underestimate its value for the student of psychoanalysis. When objections, such as the claim that the essential therapeutic intuition and sensitivity cannot be taught, are hurled at a scientific pathology, it is a sign of magical thinking. Just as scientific pathology is no barrier to the intuitive medical art but an indispensable prerequisite for it, so it is with the theory of neurosis and the practice of psychoanalysis. It is true that not everything can be taught: but first one has to learn what is teachable.

We shall try to engage as little as possible in polemics, but concentrate, rather, on explaining that which already seems established. It is unavoidable that, in the choice of the material to be presented, in the decision as to which problems should be given more space and which less, and in the arrangement of the book,

the personal beliefs of the author are reflected. However, since he hopes that his scientific convictions are well founded, he is of the opinion that this will not be a disadvantage.

In one respect, a theory of neurosis differs from a somatic pathology. A pathologist is in a position to assume that his audience knows physiology; he does not have to explain the "biological basic principles" before he demonstrates his real subject matter. Because of the newness of psychoanalytic psychology, we have to clarify first, at least in a sketchy way, the general system by which we shall orient ourselves.

These basic principles were uncovered by the laborious empirical method. It is important to emphasize this, because in what follows it cannot be shown how these insights were gradually built up from experience; they will be presented, rather, in a definite, somewhat dogmatic fashion, which might lead to a misunderstanding of their nature and appear to be purely speculative. Their form of presentation will be a deductive one; actually, knowledge of these principles has been gained inductively, and further inductive scientific research can and may change them.

NOTES ON DEVELOPMENTS IN THE THEORY AND PRACTICE OF PSYCHOANALYTICAL TECHNIQUE*

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The recognition of considerable variations in technique amongst members of the British Psycho-Analytical Society is a good reason for studying again the historical development of technical procedure with the purpose of reviewing the relationship between differing techniques.

It appears that some variations in technique depend partly on a difference in the emphasis placed on the relative importance of changes which take place in the mind during the course of the treatment, and partly on differences of opinion on the time in the treatment at which particular resistances should be dealt with.

In this communication I shall make a brief and in no way comprehensive survey of developments in technical procedure with comments on problems that arise in connection with the relation of theory to technique. The last section of the paper will be devoted to the aim of the therapy and a discussion of the changes that take place in the mind during a successful treatment.

The development of the theory of technique and the theory of therapy has gone hand in hand with the increase in knowledge gained as the result of clinical experience and the formulation of a metapsychology appropriate to the observations made in the consulting room.

Freud's abandonment of the technique of hypnosis for that of analysis was the essential step that initiated a scientific approach to psycho-therapy. The relationship between hypnotist and patient was explained later when the dynamics of psychical relationships

* Based on a paper read to the British Psycho-Analytical Society on March 6, 1946. Reprinted from *the International Journal of Psycho-Analysis*, Vol. XXXII, parts 1 & 2, pp. 12-18.

were understood and expressed in psychoanalytic terms. The hypnotic state is now regarded as a revival of a repressed relationship between child and parent in which the repressed parent imago is projected on to the operator. In order that this may take place, parts of the ego of the patient are rendered temporarily functionless, by withdrawal of cathexes. According to Rado (1925) the therapeutic result depends on the fact that a release of unconscious libidinal tension is experienced by the patient through the hypnotic relationship to the hypnotist. Anyone who has practised hypnosis on a favorable subject will agree that the patient may awake from the hypnotic sleep as much refreshed as if he had had a deeply gratifying experience.

Freud discovered by using hypnosis that the recovery of the memory of past experience brought about the disappearance of an hysterical symptom. He recognized at a very early stage in his research work that the dynamic factor in the technique was the relationship between the analyst and the analysand. He writes (1912): "This struggle between physician and patient, between intellect and the forces of instinct, between recognition and the striving for discharge is fought out almost entirely over the transference manifestations."

In the same article he introduces and describes general principles governing transference manifestations such as the importance of acting out in the analysis, in fact he shows how the whole conduct of the patient during an analysis is part of the transference situation and must be regarded as such.

In 1912 Freud had not formulated his metapsychology and the study of the ego as such had not taken place, but he pointed out the necessity to analyze the transference as a resistance and thus introduced the problem of the analysis of resistance in addition to the original aim which was making the unconscious conscious.

A new phase in the understanding of technique and therapy was entered when the attention of analysts was directed to the study of resistances.

Another way of speaking of the same problem is to talk of the study of the analysis of defense mechanisms. Repression was the first defense mechanism to be described. It is now recognized that the technique of the analyst must be prepared to cope with any of the defense mechanisms employed by the mind to guard the ego from anxiety situations.

Following Freud's formulation of the structure of the mind into ego, superego and id, it becomes possible for the analyst to

distinguish between resistances in the treatment receiving their main support from the id, superego or ego, although all resistances must ultimately be manifested through the ego. Similarly the success or failure of the therapy will depend on the final changes which take place in ego organization: whether, for example, primitive unconscious parts of the ego continue to determine behavior by keeping in being the primitive defense mechanisms of projection and introjection; whether, in cases where genital development has been partially secured, repression is sufficiently overcome to establish adequate ego integration. The further the knowledge of ego formation and structure is carried, the more complex becomes the economic aspect of the technique.

The first international symposium held on the theory of technique and therapy took place at Salzburg in 1924. In this symposium Sachs (1925), amongst other points, stressed the importance of transference as a manifestation of repetition compulsion. Rado (1925), besides expressing his views about what takes place in the hypnotic situation, suggested that the analyst was introjected into the ego of the patient as a parasitic superego. Alexander (1925) laid special emphasis on the necessity of eliminating the archaic superego and transferring the function of the superego to the reasonable ego.

It was at this symposium therefore that attention was drawn to the nature of the changes that take place in the patient's ego as a result of treatment. These contributions were followed by several writings by Reich (1927) putting forward the importance of analyzing the whole personality. The importance of his work lay in the emphasis placed on the economic factor in interpretation.

In 1934 two papers were published on the theory of therapy, one by James Strachey (1934) entitled "The Nature of the Therapeutic Action of Psycho-Analysis", and a second by Richard Sterba (1934) entitled "The Fate of the Ego in Psycho-Analysis". Strachey's contribution is the most comprehensive attempt that has yet been made to describe what happens to the ego in the treatment, and at the same time he discusses in detail the economic aspect of interpretation. Strachey considers the relationship of the patient to the analyst from two points of view. The first concerns the projection of unconscious archaic imagos on to the analyst, the transference proper, and the second concerns the introjection of the analyst into the superego of the patient as a result of treatment. In his paper he emphasizes the necessity for the patient to distinguish between the fantasied object which he projects on to the

analyst, and the analyst as he really is. The interpretation which has the most dynamic significance and is economically correct (in his view) must throw light on the id impulse associated with the projected imago and must contain reference to an immediate situation the interpretation of which aids the separation of the fantasied and real object and promotes an introjection of the real person of the analyst. Strachey calls this a *mutative* interpretation. The principal effective alteration in the patient's mind, in Strachey's view, consists in a profound qualitative modification of the patient's superego, from which the other alterations follow in the main automatically.

I should like to draw attention here, in view of the discussions which subsequently took place, to the relative importance of interpretation of content and interpretation of defense, that Strachey's mutative interpretation includes interpretations of both kinds of impulses. The id impulse is represented in the character of the projected imago and the defense mechanisms of repression and projection are revealed when the distinction between the projected imago and the real analyst is recognized.

Sterba's paper is concerned with the fate of the ego in psychoanalysis. He describes three functions of the ego: (1) it functions as the executive organ of the id and is the source of object cathexes; (2) its organization fulfills the demands of the superego; (3) it experiences by testing reality. He contends that as a result of analysis the subject's consciousness shifts from the centre of affective experience to that of intellectual contemplation. Following the interpretation of positive transference resistance, he considers a splitting of the ego is induced, which is now divided into an analyzing observing part and the ego as it was before. The analyzing part of the ego is identified with the analyst.

In my opinion the process thus described is of the same nature as that described by Strachey, the difference being that Sterba speaks of the ego and Strachey of the superego as being modified by an introjection of and identification with the analyst.

The years following the publication of these two papers were characterized by developments of technique in two directions. Both tendencies involved the realization that to produce lasting results analysis of resistance must be regarded as essential. The two developments had of course much in common, the differences lie in emphasis rather than in opposing ideas.

One development can be described as the systemization of the interpretation of ego resistances with the aim of uncovering the

unconscious significance of modes of behavior and character traits in so far as they operate as defense mechanisms. The interpretation of transference to the analyst is regarded as the interpretation of a resistance but not to the exclusion of other forms of resistance.

The other development aims at using transference interpretation at the earliest opportunity, utilizing a systematic employment of a transference interpretation whenever reference to a personal relationship takes place, the object being to set in operation the transference neurosis as quickly as possible.

Contributions on the subject of the interpretation of ego resistances appeared in the literature, chiefly in 1936. Anna Freud's book *The Ego and the Mechanisms of Defense* (1936) paved the way to a systematic study of ego defenses.

At the Marienbad Congress in 1936, Bibring (1937) contributed a paper to the *Symposium on the Theory of the Therapeutic Results of Psychoanalysis*. In this paper he dealt with the changes which take place as the result of therapy in the superego and ego respectively. Perhaps the particular contribution he made lay in the emphasis placed on the pedagogic influences in the treatment which he thinks must contribute to the attainment of success.

Nunberg (1937) expressed again his opinion that abreaction and the synthetic function of the ego were the main factors in bringing about a cure.

Fenichel (1937) put forward his views on the dynamic and economic aspect of therapy which are expressed in his book *Problems of Psychoanalytic Technique*.

Strachey (1937) expanded further the ideas put forward in his first paper.

With the exception of ideas expressed in Strachey's paper, these contributions are mainly towards a systemization of technique from the point of view of interpretation of ego resistances. Obviously if this can be done it is of great advantage, but at the same time there is a danger, namely, that psychoanalysis can approximate to either a pedagogic or a suggestive process according to the fixed pattern of approach which is adopted. Reik is the analyst who has written most emphatically against the systemization of analytical technique. In his book entitled *Surprise and the Psychoanalyst* (1937), he lays special stress on the value of intuitive interpretation and the therapeutic benefit of surprise to the patient. Many psychoanalysts will agree up to a point with Reik and will affirm that intuitive interpretation, at the present time anyhow, plays an important role in a successful analysis and that a surprise reaction

on the part of the patient may indicate that the interpretation given is economically correct. The use of the term intuitive is inexact and not easily defined because analytical experience increases the conscious perceptive powers of the therapist with the result that the same interpretation may be described as intuitive by one observer and logical by another.

The aim of all psychoanalysts when once the significance of resistance analysis was realized was to give the interpretation which is economically correct. The interpretation which is economically correct is not so because the resistance is unconscious or preconscious (it may be either) but because the psychical situation concerned is cathected at the moment and is pressing for recognition. A full appreciation of this definition of the interpretation which is economically correct shows how difficult it is to rule and regulate interpretation.

Anna Freud, Fenichel, Bibring and other experienced analysts hold the view that the analysis of instinct derivatives and the defenses against them is as important as direct transference interpretations. For example, the analysis of remembered adolescent fantasies and the character traits which have been moulded in defense of these fantasies together with the recognition of the part played by parent substitutes, all the material perhaps being preconscious, may be as essential as the analysis of unconscious transference because they depend for their maintenance on the same repressed instinct impulses as the transference to the analyst.

The question arises as to the part played by an unconscious transference situation while the analysis of preconscious material is proceeding. The answer to the question is that transference does not automatically operate as a resistance unless it is a transference of a repressed imago. A transference interpretation is not economically correct unless the situation being experienced is being relived with the analyst.

Strachey (1937) has pointed out that the analyst is introjected in the superego of the patient as an auxiliary superego before the "mutative" interpretation can be brought about. Bibring (1937) speaks of early pedagogic influence which favors the opening stages of the analysis. Fenichel (1937) refers to the silent development of the transference.

This preliminary aspect of the transference which can precede the development of the main transference neurosis comes about, in my opinion, as a result either of the analyst directly interpreting to the patient in the early sessions what the patient is feeling

with regard to the treatment (for example, that he is afraid of being dominated, or criticized, or he is suspicious of doctors and analysts as a class), or as a result of the understanding and tolerance shown by the analyst in connection with the material presented by the patient. In the first alternative there is a transference situation and the interpretation is a transference interpretation. The result is an introjection of a mild superego. In the second alternative a transference situation is brought about without interpretation and produces the same temporary change in the patient's ego.

Whether the preliminary type of transference interpretation is necessary will depend chiefly on the illness of the patient though partly on the personality of the analyst. Whilst it is possible that in the opening sessions with a patient who has considerable ego organization the analyst may be compared to a tolerant teacher with whom identification takes place very easily, yet the analytical procedure with the request for free association and the lack of direction very speedily makes the analogy inappropriate.

Extra-transference interpretations which are accepted without stimulating greater resistance result in a strengthening of the identification with the analyst introjected as an auxiliary and more tolerant superego, so that this aspect of the transference situation is progressive and preliminary to the projection of unconscious imagos on to the analyst. We have all met with cases in which the identification with the analyst becomes a powerful resistance and promotes an intellectual analysis rather than one in which emotional experiences are relived.

Another question arises in connection with the economic correctness of transference interpretation in the early phases of analysis when there is guilt and anxiety in connection with preconscious material and real parents or their substitutes. The most cathected material is often at this stage connected with real events and transference interpretation too speedily given may provide a way of escape and promote isolation of certain parts of the patient's life.

The conclusion arrived at is that the correctness of transference interpretation is estimated by the same criteria as the correctness of extra-transference material, namely, by the evidence shown in the material and the state of resistance. Any stereotyped form of transference interpretations will be liable to interfere with the progress of the case.

More has been written in detail about the interpretation of ego resistances than about details of transference interpretations.

Anna Freud in her book *The Ego and the Mechanisms of Defence* (1936) distinguishes three types of transference: (a) transference of libidinal impulses, (b) transference of defense, (c) acting in the transference.

The work of Melanie Klein on the earliest phases of ego development when the little child in its fantasy animates its impulses and projects and introjects fantasied objects, opens up another group of transference phenomena, in which the analyst takes over the role of various introjected objects and parts of the ego. It has always been recognized that the analyst may represent the superego on one occasion and the id on another. The present work is an extension of this; just as the manifest content of certain dreams represents an animated picture of an action which is taking place endopsychically so parts of this action can be relived in the transference situation.

The type of object relationship which is repeated in the transference situation must be that which belonged to the original situation and the interpretation corresponds in its form. For example, when the repetition compulsion has put into the transference a repressed experience in which a child of four suffered a severe frustration at the hands of one or the other parent and reacted with hate which was manifested in action, the situation requires interpretation including historical events, behavior of real parents as well as the interpretation of fantasy and feeling. If, however, the transference situation repeats a much earlier pregenital psychological event in which the psyche is dominated by fantasy and complicated further by the predominance of the mechanisms of projection and introjection, the interpretation may be rightly in terms of internal fantasy objects. The analysis of projected and introjected objects of the pregenital phases is the analysis of primitive ego formations forming part of the narcissistic phases of ego development.

The relationship between the external situation projected from the ego of the patient into the transference may be complex and difficult to simplify.

In my opinion, in attempting to analyze these primitive states we need to pay attention not only to the reconstructed psychical fantasy occurring before words are used, but also to the physical activity at the time of the occurrence of the primary emotional state. The "body ego" is an important part of the primary ego

organization, and lack of integration in the primary ego organization, including the body ego, is one of the earliest manifestations of anxiety situations. Schilder has written on the subject (1935), and Winnicott has published a paper in the *International Journal of Psychoanalysis* recently (1946).

The problem is that of the foundation of ego integration and therefore also of successful therapy. The infantile physical states depending on the activities of the developing muscular system and the vegetative nervous system with the inhibitions or delayed developments which occur should not be left out of the picture when the development of the infantile ego is being considered. There is a difference of opinion about the age at which infantile fantasy operates and whether words are necessary for it to do so. The infant first communicates through its body. It makes a face when unhappy, it tries to sit up between four and five months to see what made a noise, whatever other mental activity is or is not present, the muscular system which is directed by the ego comes into action. An attempt to sit up is one of the first independent voluntary acts of the ego and is a sign of the beginning of an attempt at psychical as well as physical separation from the mother. The mentally defective baby is retarded in all these activities, even its sucking is defective. Of course the beginning of walking and speaking are still more important milestones on the path of ego development. I had one patient whose case I have already reported whose ego development was seriously affected by his not being allowed to walk until he was two years old, because he was fat.

Attempts to separate completely higher and lower brain centres are as unsound as the complete separation of physical and mental processes when a psychical situation as a whole is concerned, that is when an individual is studied in an environment.

The analysis of a serious depressive case was greatly assisted by the recognition of the importance of the position of the body and the part played by muscular activity in overcoming ego defenses.

A woman suffering from suicidal depression was referred to me after several years' previous treatment. She had left two analysts on account of difficult transference situations. The first thing that was obvious was the necessity she had to protect herself and the analyst and to have what she regarded as control of the analysis. She began by asking me not to move when she came into and went out of the room. I must not get up from my chair or look at her. She dared not glance at me and walked in almost as if she was in

a somnambulistic state. No one must see her come into the house or go out. She was alienated from the outside world and did not see people. She spent her leisure time in obsessional thinking. She lay on the couch on her back with her knees drawn up. She entreated me not to make any transference interpretations, as her last analyst had interpreted every relationship in terms of the transference.

In the early months I let her do exactly what she liked and listened and only gave interpretations which relieved her guilt. The whole situation became easier and I was able to interpret in the ordinary way according to what was going on at the time. There came a time inevitably when, although the patient felt she was better and could do her work well, yet the main unconscious problem was not touched. She agreed that she had little pleasure in life and her genitality was restricted and there were other symptoms. It was clear to me that she was keeping me as an idealized figure and was defending herself from paranoid jealousy and hate, which were partly manifested in a spider phobia. The difficulties in analyzing the latent negative transference were very great. She was terrified of hating me. A relapse into suicidal depression followed an external event similar to the original event that had precipitated the outbreak of her depression. This was the unfaithfulness of her lover. I was not treating her at the beginning of her illness and the picture had been complicated by the time she came to me. This time I was in a position to take charge of the situation and it became clear that the intolerable situation involving suicidal tendencies occurred when she heard that her lover and his new friend were sleeping together. If there was a considerable time between the event and her hearing of it she could bear it, but if she heard of it quickly she was in danger of killing herself. There was ample material from her history and fantasy life for me to interpret to her that she introjected the copulating parents and then must attack them. This is an interpretation which not infrequently is indicated in a deep analysis, but I have never before met with so much immediate reaction to it. From that time a new phase of the analysis was entered, and she began to be able to detach part of herself from the emotional experiences of the moment and maintain insight.

During the same period and as a result of other work in the analysis she felt that she would like to get off the couch and walk about the room. We had done a great deal of analysis on the subject of the position which she took up on the couch, namely one

in which she was on her back with her knees drawn up; obviously the position of submission and invitation to enter, but introducing a second element by the position of the knees. Actually it repeated events of childhood in which her mother inserted suppositories. These were sexual experiences of great significance for her, the analytical situation was a repetition which she clung to, but the couch was also the place where she felt an intense need to try to control the analyst. I was glad when she ventured to move about the room and sit up facing me. Two analytical situations became clear and both are worth discussing from the point of view of technique. The first one was that moving about the room meant she was being allowed to masturbate. She had been forcibly restrained as a child of four years. The second was that when sitting opposite she seemed to introject the real analyst and in this way to liberate a part of her ego and superego, so that insight became possible and progressive. When lying on the couch two situations were liable to occur, one was the repetition of the suppository incident which was remembered as a pleasurable but frightening sexual experience about which there was much anxiety; it was a cover memory for sexual activities with sisters and also fantasies of an oral nature about mother and father. The second, which was favored by the couch, was the projection of such bad impulses, represented also in a spider phobia, on to the unseen analyst that she could not cope with the situation and shut herself up by means of alienation, depersonalization and obsessional defenses. She often did not hear or see, and interpretation was lost. In other words, all the defenses against these bad impulses, regarded psychically as objects, were mobilized.

Much progress was made during the phase when she sat up or walked about. But the archaic imagos had to be analyzed and must be projected so I managed that she should consider lying down again. When she did this she had the threat of another depression and brought a dream of a butcher's shop in which stacks of raw meat were arriving and a calf was hanging up. It was clear therefore that on the couch she was also at the mother's breast having to cope with cannibalistic fantasies about the breast and child and penis. Her first two months of breast feeding had been so unsatisfactory that she had been suddenly weaned. The point I want to make is that the position on the couch may repeat for the ego the period of helplessness at the mother's breast in its earliest phase, also enforced immobility at the genital phase, and there may be times when it is part of the technique to make it pos-

sible for the ego to show its activity in the way in which it was first experienced, namely by sitting up and walking, looking, and so forth. Further that when, as in this case, the mechanisms of projection and introjection are operating, the face to face position may help the patient over an acute situation. It is a common experience that psychotic cases must be allowed to sit up if they want to do so.

This is because the primitive ego's activity is mainly a bodily activity and when we are dealing with these very primitive layers to lie down is to be overwhelmed or eaten up or annihilated by the introjected archaic object, in other words, there is a feeling of complete helplessness. It is possible that the ego activity manifested by some movement in infancy is the primary way of initiating defense and thereby easing anxiety. Later the psychical activity of thought takes over the early stages of defense.

In this case the progress of the analysis was advanced markedly and the patient was able to co-operate in a way which suggested that instead of the analyst being used as an idealized good figure as a defense, the patient's ego had become free enough to introject a real figure which enabled her to leave off denying and defending and helped her to begin to tolerate the repressed id impulses.

Another modification of analytical technique was described by Fromm-Reichmann in her paper, given to the British Psycho-Analytical Society on January 8, 1946, on the treatment of a schizophrenic. I suggest that Fromm-Reichmann's technique with the schizophrenic was based on promoting a type of introjection of the analyst which avoided a splitting of the ego. At the beginning she saw the patient daily and allowed her to do what she liked and did not interpret. At a later phase it would be possible to say that the analyst acted as an alter ego, experiencing with the patient. Silent understanding may be taken as evidence of identity and oneness—rather better described as a denial of objects at first, developing into the acceptance of a good object later. It is possible, of course, to say that the analyst is introjected as a good object and in this way reinforces the weak ego of the patient and helps her to begin to tolerate the fantasies of bad objects which have been projected on to the real parents who have then been introjected.

The question is why interpretation is inadvisable in the acute state. There are reasons connected with the significance of the voice and with the significance of interpretation.

The voice is one of the primary stimuli which the primitive ego receives and owing to the undifferentiated state must in certain

situations cause the same ego reaction as the external person does later. In other words, the voice is regarded as a thing and is introjected as such.

In the case of the schizophrenic patient we have always to bear in mind that there has been regression at the outbreak of the illness and that the influence of more fully developed ego phases will be manifested in the symptoms. Hence the feared voice may relate also to the actual voices of angry frightening parents as well as to a voice heard in infancy which in itself caused an effect equivalent to an attack by a person.

The character of the changes which are brought about in the mind by the use of interpretation can be separated into those that are due to the words being spoken by a person who is loved or hated, and those that are due to the ego development of the patient which follows increased comprehension.

Lower animals mobilize muscular defenses in the face of danger and in a typical situation attack a dangerous object, seize it and devour it. Man's cognitive processes can be regarded from the viewpoint of evolution, as a new line of defense against danger in which psychical energy is diverted from precipitating immediate action to more complicated methods of defense involving conscious thought processes.

Reik (*loc. cit.*) has some interesting ideas concerning the origin of the mental act of cognition or comprehension. He says that the root sense of the words points to it being originally a kind of taking possession of in a much more material sense. The German word "begreifen", used almost synonymously with "verstehen", and the French "comprendre", show that originally it amounted to taking possession of things, seizing them. The physical quality of the object was of first importance. To comprehend something, people had to grasp it. The intellectual, non-concrete comprehension represents a later stage of evolution.

It is possible to make an analogy between the primitive mastery of objects by seizing and devouring and the present-day psychical security obtained by mental integration.

When dealing with the individual's mind by the psychoanalytic method, we are confronted with the fact that the "enemy" is in the mind and not in the external world.

The defenses before treatment consist of all the defense mechanisms with which we are familiar. Psychoanalysis has demonstrated that what I have called descriptively the "enemy in the mind" consists of unconscious endopsychic structures formed as a

result of the individual's infantile relationship to the first objects. To start with, the influence of the analyst, a new good object, promotes a change in the ego of the patient which is divided into an observing comprehending part and an experiencing part, the latter being the persisting pre-analytical ego. The change on the part of the ego from maintaining a blind defense to an active coming to terms by settling differences and misunderstandings, is only really successful when comprehension and direction is taken over by an integrated ego in which unconscious structures interfering with the integration of the ego play an insignificant role.

The process by which interpretation promoting comprehension in the psychoanalytic sense brings about integration is by not only making conscious the content of unconscious fantasy but also making a whole out of separate parts of the psyche. What is common to unconscious fantasy, memory material, ideas and actions throughout the life of the patient is demonstrated. The process involves a reorganization of psychic forces of resistance resulting in an economy of effort.

The success of psychoanalytic therapy can be estimated by the security and integration of organization of the psyche which is attained as a result of treatment. A strong ego is not necessarily an integrated ego, as rigid strong ego development may indicate successful repressions at the expense of potentialities which are not represented in the ego organization that controls the personality. Integration implies the development and reconciliation of tendencies that for a variety of reasons have come into conflict with each other and as a consequence have played a part in initiating and maintaining psychical conflicts.

It is clear that ego integration in the adult must mean the attainment of an entity in the ego which is sufficiently flexible to tolerate in the personality variations in desires and interests. Freud drew special attention to the problem of psychical bisexuality which presents one of the greatest barriers to ego integration and security.

In order to achieve integration in the psyche, psychoanalysis aims to bring about changes in the organization of the patient's mental structure both from a topographical and economic point of view.

There is general agreement amongst analysts that the aim of an analysis is to free the ego by overcoming sexual repressions and fixations with the accompanying guilt, anxiety and amnesia. The freeing of the primitive drives involves the analysis of unconscious

and preconscious ego and superego formations. There may be some difference of opinion as to the ultimate fate of the superego if analysis could achieve all it attempts. Freud made it clear that the aim of analysis was to promote assimilation into the ego of unconscious superego formations and to modify later superego structures. The most psychically secure individual is one in whom the sexual instinct has full genital development and derivatives of the aggressive impulses have active expression. In addition it appears that the majority of people require sublimations with their roots in pregenital phases of psychical development in order to maintain the highest standard of mental health.

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CONSTANT ELEMENTS IN PSYCHOTHERAPY*

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The aim of all psychotherapeutic treatment is to impel or induce the patient through influencing his mental processes to convert symptoms which may be reflected in mental or physical sickness into a state contemporaneously regarded as healthy. The psychic methods by which this can be accomplished are extremely numerous, diversiform, and are not necessarily limited to verbal communication. Like other procedures in healing, it is offered by the physician and accepted by the patient with the implication and hope that it will relieve him of his suffering. Until the latter part of the nineteenth century there had been little scientific basis for many of the psychological methods which have been therapeutically effective. Generally speaking no systematic or consistent approach had been made up to the time of psychoanalytic investigation of psychic determinism and it is such psychoanalytic discoveries that have made possible the concepts and comments which follow.

The clinical elements entering into all forms of medical psychotherapy, whether it be brief, superficial or penetrating, and whether the condition for which it is applied be mild, severe or chronic, and upon which its efficacy depends are roughly five. They are: (1) who undertakes to perform it; (2) what is said or done; (3) the time when it is undertaken; (4) how (and even where) it is done or said; and finally, (5) the susceptibility of the person upon whom the psychotherapy is practiced. The overlapping of each of these factors and their mutually supportive interaction are obviously highly variable and complex.

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Every form of psychotherapy is deeply indebted to psychoanalytic investigation for the invaluable light that its theories have shed upon unconscious factors operative in all psychogenic cure. This includes the nature of transference in such procedures as witchcraft, or Christian Science, also in persuasion, indirect and suggestion, in group therapy among children and adults, in hypnosis, and even with medicaments having no definite physiological effect (placebos), whether prescribed by doctors of medicine or others. It should be noted that transference phenomena are universal and are especially important in psychoanalytic psychotherapy and orthodox psychoanalytic treatment.

The element of suggestion enters subtly but almost invariably into all the forms of psychotherapy. Throughout this discussion the term suggestion is not used to mean something supernatural, or forced obedience or submission, or even in the limited sense of an idea directly implanted in the mind of the subject. It is confined to Ferenczi's concept and application of the term: "... it consists of influence on a person through and by means of the transference manifestations of which he is capable." The inference, of course, is that certain people are more suggestible than others and that such persons are likely to develop transference manifestations more quickly and more intensely although not necessarily more prolonged or permanent transference than the average individual. Neither the physician nor the patient is always aware when or how some of the ideas take root.

Freud in his original need to explore the dynamics of mental disorder sought to avoid the term suggestion because it connoted the imposition of the will, the authority of the physician upon the patient. He felt that such domination led to the suppression of the patient's reactions which were seeking expression and which above all things he desired to investigate and interpret. Nevertheless he appreciated that the suggestive influence of the physician is "inevitably exercised in psychoanalysis but is diverted on to the task assigned to the patient of overcoming his resistance—i.e., of carrying forward the curative process".¹ At that time, as it does today, the working theory of psychoanalysis aimed not at the direct removal of the symptoms of the illness but this occurred as a by-product of thorough analysis. A certain contempt arose in psychoanalytic circles for the term suggestion while, at the same time, it tacitly admitted the presence of suggestion in each psychoanalytic session

¹ Freud: Untranslated Freud. *Int. J. Psch.*, XXIII, 1942, p. 104.

where it supposedly was exerted solely in the removal of resistances—which, by the way, should theoretically disappear through analytic interpretation alone. The difficulty, one may say, the impossibility of limiting the interplay of suggestion to a single phase of analysis without its overflowing into others seems not to have been noted. Only Ferenczi, one of the most independent and original thinkers in Freud's earlier entourage, ventured to reflect in 1932 that "the truth cannot be entirely spontaneously discovered—it must be suggested".²

Perhaps it may be advantageous first to consider the qualities of the agents effecting the treatment. The quality attributed to such agents is usually power, either in the form of authority or of persuasion, ultimately in images of the firm father or the sympathetic mother. There is much which speaks for the postulate of psychoanalysis, that the comforting and calming influence of encouragement, of almost magical reassurance and tenderness—such as the child received from its mother originally in the form of stroking, warmth, and so forth—is a fundamental element in all psychotherapy.

Emotional interaction, later known as transference, often with an erotic tinge, was recognized as a force in hypnotic suggestion, an immediate predecessor of psychoanalysis. Today in psychoanalytic psychotherapy and psychoanalysis when symptoms disappear because the patient's anxieties have been relieved due to confidence in the physician, this is called "transference cure". Such symptomatic relief is theoretically transient because the unconscious factors responsible for the symptom formation have not been thoroughly worked through (analyzed). Nevertheless so-called transference cures may be surprisingly enduring in severe neuroses where the infantile roots have not been uncovered. Sometimes neither the physician, even though he be a psychoanalyst, nor the patient may be entirely sure which mechanisms brought about the improvement.

I have followed two such cases for a long period after the completion of their treatment. Both of these seriously ill patients came under my care at a time when my experience and training in psychoanalysis were limited and before any formal instruction or training analyses had been introduced.

The first case, seen in 1909, was a woman, aged thirty-five, married, who suffered from depression, hallucinations in a clear

² Ferenczi, Sándor: Suggestion in (nach) der Analyse. In *Bausteine zur Psychoanalyse*. Bern: Hans Huber, 1939. Vol. IX, p. 282.

sensorium and intense anxiety. All of these were immediately dependent upon an extremely difficult marital situation. She was seen only twice a week and recovered after a year of psychoanalytic therapy. She has stayed well and active up to the present time when she has reached the age of seventy-two.³ The patient has written me once every year to report her condition and each letter is filled with expressions of continued faith and gratitude.

The second patient treated in 1913 was a young man of twenty-six from a devout Catholic family. He suffered from a claustrophobia and a severe chastity conflict. After about a year of psychoanalytic therapy he married, raised a family, was employed steadily and remained sufficiently well to require no psychiatric care until 1945 when he became depressed at the time of his waning potency and consulted me again.⁴

In neither of these cases had the transference to the physician been resolved but treatment was discontinued because the patients were symptom free. Nevertheless the physician remained a sustaining force because of images which each of these patients formed of him and the faith they had in him although more than twenty-five years have elapsed since I had seen either of them.

What is said in the course of psychotherapy and its acceptance or denial by the patient is often dependent upon the character attributed to the person who advances the idea and need not be related to the latter's intelligence, truthfulness or scientific orientation. Such belief or rejection, and we may call it acceptance, confidence, faith, or disbelief, opposition, distrust, in the person or agency may depend upon his exalted position, his physique, his age, his brilliance, and the like, or even at times his ignorance. Always a certain amount of identification exists between the therapist and the patient so that even an unintelligent person may be more effective in changing doubt into acceptance, by scientifically untenable means in the case of persons of a similar level of intelligence, than the most scientifically trained medical psychotherapist who may frighten and baffle them. With simple-minded patients the simplest suggestive approach is usually the best psychotherapy.

It must be mentioned that the interpretation of the same symptoms by psychoanalysts may differ categorically and that, as the years have passed, the stress on the importance of various aspects

³ Oberndorf, C. P.: A Case of Hallucinosis Induced by Repression. *J. of Abnormal Psychology*, February-March, 1912.

⁴ Oberndorf, C. P.: Analysis of Claustrophobia. *Medical Record*, LXXXVIII, 1915.

of psychoanalytic theory have fluctuated widely—infantile trauma, genital zones, the now almost forgotten primal scene, ego-synthesis, the present enthusiasm for repressed aggression as the fountain head of all somatic conversions, and so forth. Nevertheless the therapeutic successes of the group of analysts now dead may have equalled those piously guided by the most approved present day therapy.

The psychoanalytic observations on transference (who says it), on theory and interpretation (what is said or done) in the process of psychotherapy are extensive, but little is found in psychoanalytic literature about the fact that the same explanations or interpretations from the same agent to the same person (patient) may at one time be accepted with apparent or genuine conviction and at another fail to impress. The importance of the inception of any psychotherapy and of the appropriate timing of interpretations is well recognized in psychoanalytic procedure, but the choice in timing such interpretations shows wide variation with competent analysts. It has always been one of the delicate problems of technique and has an intuitive aspect. It seems likely that the clinical effectiveness of every psychotherapist rests not only in the accuracy and appropriateness of his comments and interpretations but equally in his skill in timing them.

The time when most persons come for psychotherapy is often extremely significant. They usually have resorted to many forms of treatment before they finally decide to accept some form of psychotherapy which involves confession and its transference dynamism. From the experience of private psychoanalytic practice it seems to me that where the family or the doctor have induced, sometimes forced, the reluctant patient to come for treatment the results are far less likely to be favorable than when he comes spontaneously because of his own mounting tension, that is, at a time when he feels himself ready to attempt to change the intrapsychic situation.

The questions of how psychotherapy is performed, and the susceptibility of the patient will be mentioned only briefly. The first involves matters of technique and shows wide variation even in such a method as psychoanalysis where the essential principles are fairly well established and a recognized procedure is taught to mature physicians in the course of long preparation. I will merely refer to such extremely controversial questions as the pervading attitude of activity or passivity on the part of the physician. As we have already mentioned, according to the original concepts of

Freud, the analyst avoids direction and seeks to stimulate the patient's power of initiative through the analysis of inhibiting forces and resistance. However, we must admit that the influence which the physician's personality—his activity in therapy—i.e., his tone, his manner, his phraseology, his countertransference exerts upon the patient is subtle and extremely difficult to estimate. When he initiates active therapy, i e., orders the patient to test himself in certain situations which seem precarious to the latter, he has not only overstepped the boundaries of interpretation but also those of transference-suggestion and is in the position of authoritative command. His shift in attitude is not likely to escape the patient.

Another moot question is the number of times the patient should be seen weekly. Deviation from the custom of six hours a week which Freud originally insisted upon has become widespread and apparently is closely associated with the physician's activity in therapy, and use of active therapy. These are apt to go hand in hand with a decreasing number of visits and the intrusion of intentional or unintentional suggestion or direction into treatment. As I have mentioned in previous papers, other factors are the intentional interruption of the analytic procedure to allow spontaneous integration, the tapering off of therapy, the purposive setting of a time limit for the cessation of treatment, and the like.⁵ Here it is permissible to say that the physician may unconsciously choose his patient quite as frequently as the patient chooses the physician, and sometimes selects consciously those who appear amenable to his therapeutic approach. Generally speaking the susceptibility of a patient to psychotherapy from purely psychological considerations is dependent upon the plasticity of his super-ego and his ego integration. From the biological standpoint, future investigations may demonstrate a specific cellular susceptibility or insensitivity of certain patients to the fundamental pain-pleasure principle.

What is said or done may range from well-founded analytic interpretation to an accidental though auspiciously timed psychological shock or the almost arbitrarily administered convulsive shock. Generally it is postulated that in shock therapy a dire threat to the patient's existence through shock induces the patient to abandon mechanisms he has developed as a protection against intolerable life situations rather than to retain them. Also it is

⁵ Oberndorf, C. P.: Factors in Psychoanalytic Therapy. *Amer. J. of Psychiatry*, XCVIII, No. 5, 1942.

often advanced that the convulsive shock sets free the patient's energy and disrupts libidinal fixations whereby transference becomes freer subsequently.

At the risk of further complicating the issues in psychotherapy I will refer briefly to two instances which occurred in my practice within the past three years because they seem particularly pertinent to the question of elements operative in the cure of psychogenic disorders. The first I report reluctantly, for the course of the case has been disturbing to certain psychoanalytic theories to which I have been devoted for over thirty years.

For over a year I had been engaged in the psychoanalysis of a teacher, about forty, suffering from great anxiety and a fear to appear in school because he might faint. But this was only one of many neurotic symptoms such as a compulsion to associate with his wife from whom he had been divorced and who had remarried, a fear to be seen walking in crowded streets and numerous sexual deviations. From early boyhood the patient had suffered from many other typical compulsions such as putting his shoes in a certain position before he could go to sleep. In high school he developed a fear of reciting in the classroom for which he consulted a leading neurologist of the time. Inability to cope with this fear compelled him to leave school before graduation.

At the age of twenty-two he was afflicted with a severe depression following an inappropriate love affair, and fleeing from the situation, he went to Europe where he consulted an eminent psychoanalyst who referred him to a well-known New York analyst with whom he was under treatment for six months or more. Perhaps he was not entirely well at the end of the treatment but he returned to his profession. At thirty-one a distinguished psychiatrist referred him to an outstanding analyst who treated him actively for nearly two years. The patient discontinued therapy without improvement. Subsequently he tried to resume teaching but was ineffective because of numerous incapacitating neurotic residues and difficulties in emotional and social adjustment. At thirty-eight he resumed analytic treatment for about four months. Again failing to improve he entered treatment with me and continued for about eighteen months with very few changes in his condition. Then I lost track of him.

I was interested in the repeated analytic failures in this case because it seemed to me that the dynamics were particularly of a pattern which psychoanalysis is intended to benefit. Therefore I communicated with the doctor who had originally referred him

to me, who reported that the patient had been treated by Dr. X. with electric shock therapy, and that he had returned to his profession where he was working effectively. Inquiry two years after he had completed the shock treatment yielded the information that the patient was continuing at work but occasionally came to his family physician with minor complaints for which he was treated symptomatically. He has little love for the psychoanalytic method and the various physicians who had attempted to cure him by it.

About the same time that this patient left me the aforementioned Dr. X. referred to me a case which he had been treating actively with shock therapy for a long period, at the request of the patient's father. The patient was a twenty-year old man who had suddenly found himself unable to do his school work at the age of fourteen and at twenty was still struggling along in his sophomore year at high school.

Previous to the shock therapy he had been under the care of a neurologist who had treated him symptomatically for about two years. The patient explained that he had told Dr. X. he had improved because the terror occasioned by the shock therapy had been so great that he felt by claiming he was better he might escape from its torture. However, he had not advanced at all in school and spent most of his time reading or doing minor chores about the home. At the first interview it was evident that this young man possessed an unusually keen and original mind.

Although the patient had become sceptical of psychiatry and suspicious of psychiatrists he consented to try psychoanalysis and I began treatment to determine the cause of his thought block. Gradually he developed a strong transference. Eventually we discovered that he had identified good scholarship with femininity. In the mixed high school he attended the girls usually attained the highest marks, those boys who were good students were 'sissies'. Because he had been unable to cope with certain feminine traits which he possessed, his mind had unconsciously rebelled at an activity (study) which it considered as an evidence of femininity. An important reinforcing factor to this particular attitude toward scholarship was the excessive emphasis which his parents had placed upon it. To fail in his studies constituted a measure of triumph over their authority.

The patient was seen for a total of ninety-five hours from February 1943 to the end of that year. Because of the fact that he continued at school and lived some distance from New York, it was impossible to see him more often than four times a week and

this only now and then. During 1944 there were sixty-eight visits, and in the first half of 1945 thirty-three.

His mental processes gradually began to function normally, and within two years he had not only made up his high school studies but by extra work had been accepted in one of the leading universities in the premedical course where his record in the recent midyear examinations shows very high grades. He has not been under active treatment for over a year and his comments upon shock therapy show little love for it or those who employ it.

Some analysts would maintain that the improvement after shock in the first instance was attributable to the previous analytic work or that the original diagnosis was erroneous. In my opinion the first claim is untenable and if the second is true, the correct diagnosis should have been "depression" or "schizophrenia", but extremely competent psychiatrists considered the patient a subject for psychoanalysis and several analysts were hopeful of curing him of his illness.

It might similarly be asserted that the favorable outcome in the second case depended upon the shocks which preceded the psychological approach, but this also seems unlikely—nor would I subscribe to the explanation that in each case the patient got well "to spite his previous physicians" as was suggested by several psychoanalysts with whom I discussed these situations.

Many physicians using narcotherapy or sedative drugs, convulsive shock therapy or lobotomy are of the opinion that they reduce underlying anxiety but do not affect the essential schizoid or depressive processes. They regard them as a preparatory step to modification of ego attitudes, re-education and psychotherapy. The regressive phenomena observed after these pharmacological or surgical procedures are reminiscent of those which the patient experiences in the deepest psychoanalysis. In adults the shock may provide a pathway for the discharge of aggression and sexual tension. In children, especially little girls, the shock treatment often seems to have the effect of a sexual experience. So deep is the regressive behavior in lobotomy that rehabilitating personnel must include tiger tamers and wet nurses—and the latter sometimes may have a life job—i. e., for the life of the patient. On the other hand, physically induced shock, panic, rage, excitement, or the startle reaction are often regarded as therapeutically valuable aids in the psychoanalytic procedure.

Cases which have been under psychoanalytic treatment for years and which show only slight improvement are familiar. Where

such long continued analyses reach a stage of stasis, we call the failure to improve "resistance" and the analyst proceeds doggedly to attempt to alter such unconscious opposition by "working through" its components. Occasionally after many months of work the patient accepts something which he has often heard before because by this time his mental state has reached a point where the even balance of conflicting forces has been disturbed.

Although the word suggestion has become practically obsolete in psychoanalytic literature for the past ten years the entire procedure of psychoanalysis has a suggestive implication. The very fact that the patient understands that his illness is due to certain unconscious factors which when discovered and analyzed will benefit him has a suggestive value and at each session tends to repeat and reaffirm the need for and ultimate hope in cure through the long psychological quest.

We may say that psychoanalysis operates in the sequential breaking of tensions and in the timing of interpretations at moments fitting for their acceptability to the patient. In this sense psychoanalysis becomes an intentionally planned procession and sequence of psychic situations. Each of these situations in turn at some point in the treatment becomes favorable for interpretation intended to alter fixed psychic tensions and to permit a realignment of values through an intellectual and emotional approach.

The inclusion of formal psychoanalysis in psychotherapeutic procedures in which suggestion operates must not be construed as a depreciation of Freud's genius, nor of the value of deep psychoanalytic therapy in certain cases. Nor does it indicate a tolerance of lay therapists or an acquiescence to the inferior training of medical psychotherapists. On the contrary, it calls for the thorough education of the physician in what is established in psychotherapy by scientific psychoanalytic theory. When he has attained this, the individual therapist will gradually select from this fundamental knowledge and procedure those features which he discovers he can manipulate best. As his clinical experience grows, the better grounded he is, the more flexible will he become in his technique and perhaps bolder in attempting modifications and abbreviations, more aware that suggestive forces are constantly operative along with his interpretative efforts. He will also discerningly allot to certain rigid, narcissistic neurotics five hours a week and remain unperturbed and undiscouraged if they show little response after two hundred hours or more of treatment.

Clinically, at least, we cannot separate psychoanalytic theory

from psychoanalytic practice, and the dissimilarity and disparity of thought on critical questions among matured and experienced psychoanalysts reveals an extraordinary degree of individualism in both theoretical basis and procedurè, and also in the results achieved with different illnesses—such as the compulsion neuroses, homosexuality, hysteria, and so forth.⁶ Such variance is probably attributable to the fact that each analyst shifts emphasis to certain aspects of psychoanalytic theory which seem best to meet his subjective clinical talents and slants. In this connection it has been interesting to observe how these attitudes changed with experienced analysts during their years in military service in the recent war. From their writings and from conversation with several of them it was evident that the emphasis on the goal in therapy shifted sharply from the individual integration of the patient to his adaptability to the group.

Predilections of this kind may also account for the many deflections which have occurred among Freud's adherents both before and since his death. Sometimes they seem to be restating some accepted elements of Freud's extensive theories, which changed so frequently as they developed during the half century of his scientific productivity. Thus the idea that the essential conflict in neuroses is due to a basic attitude on the part of the patient of "moving away from", "moving toward", or "moving against" people (Horney) is basically similar to the pain-pleasure principle of Freud's earlier writings. Each of these innovators seems to be striving unconsciously to attain a greater assurance in therapy by accenting points of theory, philosophy or procedure which have worked well with him and for which reason he clings to them tenaciously. This would apply to those who adhere reverently to long and deep psychoanalysis intended to and often successful in reversing long existent characterological defense mechanisms and equally to the proponents of "brief" (short or superficial) psychoanalytic therapy.

Further disagreements have occurred among these new groups of dissenters. As a random example, Clara Thompson disagrees with Izette de Forest (both followers of Ferenczi) in that the latter feels that definite assertions of liking by the physician for the patient are necessary and also that the building up of tensions deliberately in the patient has a constant therapeutic value.⁷ Often

⁶ Oberndorf, C. P.: Results of Psychoanalytic Therapy. *Int. J. Ps.*, XXIV, 1943.

⁷ Thompson, Clara: On Therapeutic Technique of Sándor Ferenczi: A Comment. *Int. J. Ps.*, XXIV, 1943, p. 64.

the dissenter ascribes universality to his own personal strengths and regards them as fundamental. Essentially they represent individual adaptations to intangible and indefinable elements present in all psychotherapeutic healing and I do not doubt that each group and individual can point to striking therapeutic successes, in some instances where a "short cut" succeeded, after the orthodox psychoanalytic procedure had failed. The converse is also true and it has become an apologetic conventionality for psychotherapists reporting symptomatic improvement following cathartic therapy—with or without narcosis or hypnosis—to add that for more permanent and complete results a deep psychoanalysis would be necessary. To date no investigation exists which could help determine the preferential procedure in a given symptomatology and with specific patients.

In conclusion, I cannot entirely subscribe to one noted psychoanalyst's statement that "the most important factor in psychotherapy is the therapist".⁸ In addition to and aside from the physician's personality we must include the content, the timing, and the manner of presentation of his suggestions, explanations, and interpretations, and the impressibility and sensibility of the patient as constant essential elements. Success in treatment will depend not only on the skilful consideration and manipulation of these factors but also on favorable or prejudicial external conditions which support or thwart the therapist's efforts. Further investigation of these elements will lead to a broader, eclectic application of Freudian principles in psychotherapy and psychoanalysis to the innumerable medical conditions affected by or consisting of the psychic attitude of the patient.

⁸ Brill, A. A.: Various Schools of Psychotherapy. *Connecticut State Med. J.*, VII, 1943, p. 530.

A CLINICAL CONTRIBUTION TO THE ANALYSIS OF THE NIGHTMARE-SYNDROME*

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There is one among the many anxiety dreams that has attracted particular attention ever since the beginning of human culture. The content of this dream is the following: A heavy weight lies on the chest of the dreamer who feels unable to move and breathe (12). The dream is called Nightmare, Cauchemar, Alptraum, "boszorkány-nyomás" (the translation of this Hungarian word being: witches' pressure). As for the social and cultural bearing of this dream I wish to refer to Jones' work dealing with it in detail. He points out that a number of superstitions playing an important part in cultural history are derived from this dream; he shows further, based on the study of extensive anthropological and cultural material, that "an attack of the nightmare is an expression of a mental conflict over an incestuous desire" and adds, "the definite proof of this conclusion is best obtained by the psychoanalysis of a number of cases" (13). It may be assumed that such observations have indeed been recorded, though I have not been able to trace any in psychoanalytic literature. Therefore, I believe that it would be of some value to report on the observations made in the analysis of a patient, on the nightmare-syndrome which, in its pure form, is rarely met with in analytic work.

A man of thirty-eight, a skilled workman, employed in a large industrial plant in a responsible post, wishes to be analyzed because of impotence. In one of the first sessions he relates that as a child, he suffered much from "witches' pressure", i. e. nightmare attacks: dreams that involved somebody he cannot now describe more closely, who pressed on his chest so as to arrest his breathing; he would try to struggle himself free, but was unable to move and would wake up groaning, in an agony.

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The patient comes of a peasant family, both father and mother were peasants. His mother is very superstitious. When he had his first nightmare attack, his mother said with resignation: "they have started;" that is to say a woman had selected him to be the husband of her daughter, and the witch helped to carry out this plan (14). The patient has two brothers, one of them two years, the other eight years younger than he is.

After some years of illness, which rendered him incapable of working, the father died, when the boy was ten years old. They had a boarder, allegedly the lover of the mother; his youngest brother is believed to be the son of this man. Loud and rude rows occurred day after day between this man and the impotent father, and after the latter's death, rows between the terrorized widow and her lover, so that the boy finally determined to put an end to it; once he sharpened his small axe and assaulted the man on the next occasion; his mother had to appease him. But on the next occasion the child called the gendarmes, who took the intruder away. So at least he was victorious, and the man never returned.

In the first phase of analysis he mentioned little of nightmares but I could gather from what he said that the nightmare was a woman with a phallus. No more informations on this point could be elicited from him for a long time.

For quite a long period of the analysis the patient spoke in an undertone, muttering in a monotonous rhythm, using recurring phrases. His course of associations is comparable to a curved line returning to itself; he would vary the few sentences said in the beginning of the session after a pattern like this: if A is equal A, A is not equal B; but if A is equal B, B is also equal A; and so forth. He likes to tell tales, jokes without a point. If I try to make him work through his tales by appropriate questions, he soon comes forward with a new tale, equally inaccessible to analysis.

The Primal Scene

The end of this long period of resistance is marked by a session in which he relates the following. "Today, during the lunch-hour, I fell in a half-dream, my head dropping to the table. It was on the border of dream and fantasy, that I saw a woman, whom I know by sight from the factory, coming up to me." At first he does not associate anything with the woman; she is one of the many in the factory, there being four hundred of them. While reciting his monologue in the usual way, he suddenly remembers, that this woman had a little tail; presently he adds that he thinks she was

the nightmare; then he goes on remembering that the name of this woman is Juliet—which is also the name of his mother. Meanwhile he becomes visibly lively and stops talking in his usual low voice. He proceeds to tell the following tale: Once a priest put up at the house of a man. In his conversation with the man the priest declared that he was able to turn a man into a horse. Whereupon the host asked him to convert his wife into a horse. The priest asked the woman to undress and get on all fours. For some time he muttered several spell-words then took his penis and tried to put it into the vagina of the woman. He was about to perform the coitus, when the husband asked him, what he was doing. The priest reproached him for having disturbed him by the question, and spoiled the spell, the woman would already have been turned into a horse, only the tail was lacking and he had been trying to fit the tail in.

Interpreting the material so far produced, I tell him that the nightmare was his mother engaged in coitus, her tail the penis of the father put to the vagina of the mother. On hearing this he becomes greatly agitated, while his amnesia concerning some very important events is resolved. He reveals that he often witnessed the cohabitation of his parents at night and now remembers clearly the cracking of the bed and all that.

Thus through this recollection we can trace the nightmare to the primal scene; as in the other anxiety dreams, in the nightmare attack, too, the repressed image of the primal scene, of the parents engaged in coitus emerges from the unconscious. In the course of further analysis we shall trace the circumstances that transformed the characters of the primal scene into witches or nightmares, active in the nightmare-attack as described above.

The next phase of analysis is filled with further recollections concerning the primal scene, as well as their interpretations. The patient's fantasy was much occupied with bloodsucking vampyres, and with wolves eating human flesh. He remembers a dream from his childhood which supported by the recollection of certain circumstances, he thinks he had as a boy of four: "Four white wolves look through the window into the room; I am frightened and hide under the blanket."

With "four" he associates the fact that his family then consisted of four members: the parents and two children. With "white" he associates linen. I make clear to him, that the four wolves may have been the family, dressed in white underwear, possibly at night, when everybody was undressed. This makes him remember

a dream he had recently during the analysis, a dream that allowed of no interpretation at that time; in this dream 'he was lying in dirty bedclothes and was handled by somebody'. To this dream he now adds, that it may have been his mother who handled him, and the handling may have stood for coitus. With "dirty bedclothes" he associates blood-stained ones. On summing up the whole material concerning the dream, I tell him that it refers to a scene taking place at night in the bed, the persons in it being the parents; but in some way, possibly as onlookers, he and his brother also take part in it. An essential point of the scene must have been something erotic that resulted in the bed-clothes getting blood-stained. Finally, the sight of the scene may have aroused in him the desire to participate himself in the action apparently so that the mother should handle him instead of the father.

One part of my interpretation helped further details concerning the primal scene to come to the surface. It occurred to the patient that his mother had suffered from some uterine trouble; this was why he had often seen blood-stains on the bed-clothes and the underwear of his mother (3). The disease might have been rather painful since he remembered his mother had declined to have intercourse at night and when his father had, in spite of it, forced her to it, there had been a great deal of crying. Thereupon I called his attention to the contradiction between the blood-stained parents and the white wolves, pointing out that the white color of the wolves probably expressed that the parents had not done anything to make the bed-clothes blood-stained; both parents were white and innocent, like the children who were just watching. In other words, he tries to deny to himself the occurrence of the scene. This interpretation has, for the first time in the course of analysis, the effect that he reproaches the parents bitterly for having allowed him to witness such things: how could a small boy cope with mysteries like these!

Another part of my interpretation brought some information as to his attitude while attending the primal scene. He had felt erotic desires that led to masturbation. The masturbation fantasies had been of sadistic content; we shall soon come to their description.

Factors of decisive importance for the mental development are jointly operative in this dream. The castration-complex is expressed in it: the patient thinks the coitus a bloody event. This leads at the same time to the part-instinct of aggression. The parents represented as wolves devouring human flesh, as well as the vampires sucking blood, the secretion produced during coitus,

indicating the great role of oral trends in the development of these factors, helped me to answer the question of how the characters of the primal scene had changed into the witches figuring in the nightmare-attacks. I shall deal with these factors separately and shall disregard their chronological order as it appeared in the analysis.

The Castration-Complex and the Mother's Phallus

As mentioned above, when the patient witnessed parental coitus, there arose a desire in him to participate in it and replace his father. His masturbation fantasies, which he could not remember directly, were nourished by this desire. During the analytic work details emerged through which I was able to reconstruct the content of the masturbation fantasy. It contained elements revealing the idea he had of the mysterious nocturnal scene.

He wants to replace his father in the act of coitus: a wish indicating the direct oedipus situation. As we know, sadistic impulses against the father originate in this period (of course, if we are dealing with the son) reaching their climax in the fantasy of castrating the father. The patient relates that on hearing his mother cry, he could not help interfering in some way, for instance he slept in his father's bed so that the coitus had to take place on his very side. He warned his father in a hostile tone, but was rudely chased away in the end. His relation to the boarder which, as we mentioned in the beginning, filled up the first phase of the analysis turned out to be the exact copy of his relation to his father at the time when the oedipus-complex had flourished; the use of the axe is a repetition of the attitude he displayed toward the primal scene.

Another dream of his affords deeper insight into the nature of his aggressions against his father: 'A dog assaults the patient, but he repels it; thereupon the dog changes into a beautiful woman whom he rebuffs, as she tries to embrace him.' He thinks the dog was a tame wolf, a domesticated form of the nightmare. The examination of the first nightmare-attack suggests the interpretation of the metamorphosis of the dream-dog into the mother, which occurred obviously through the sequence: dog-wolf-nightmare-mother; his feelings in his dream are directed to the mother.

To "dog" he associates then a memory from his childhood. Once he was playing with a friend on the street and saw two dogs copulating. His friend took a piece of glass and cut the male dog through the penis; he could see the bleeding penis in the vagina of the female. The copulating dogs were the copulating parents.

So I could interpret his aggression against the father *during* the latter's sexual intercourse with the mother as the expression of his castration wishes.

So far we had dealt with a positive oedipus-situation. The other part of the positive oedipus-complex implying the wish to have intercourse with the mother seemed not to be present in the expected form. The explanation for this was found through the close examination of the castration wishes of the patient which revealed at the same time that these castration wishes were nourished from pre-oedipal sources and corresponded but apparently with the positive oedipus-situation.

One point was fundamental in understanding this completely. In the tale that had furnished the first information about the connection between nightmare and primal scene, there was a detail containing something about the penis of the father at the moment when he was about to carry out sexual intercourse. In the dog dream also, it is the penis of the copulating father that figures as the point of attack: the penis of the father as it is stuck into the vagina of the mother. In consequence of his attack the penis of the father remains in the vagina of the mother, through which the latter turns into a woman with a phallus. Thus it was revealed from the above mentioned dream that the phallus of the nightmare-mother was nothing but the penis of the father; an interpretation, according to M. Klein, always holding true in the case of the female penis (31), to which we may add now that the phallus remained in the vagina of the mother as a result of castration wishes of the patient directed against the father. And since the penis remained permanently in the mother, she appeared permanently engaged in sexual intercourse; in this way, the woman with a phallus becomes at the same time the image of the incessantly copulating mother (32).

Thus the mother with the phallus represents, on account of her very genitals, the castration wishes of the patient against the father. In the next phase of development the phallus is bestowed on the mother by *autochtone* castration wishes. This development was originated by the consciousness of guilt felt over the castration wishes against the father. As a result, the penis of the father in the mother becomes a means of punishment used according to the talionic principle. This is quite clearly shown in the vagina dentata fantasies of the patient. One of his tales: A little boy asked his mother to have sexual intercourse with him. The mother seemingly consents to it, but puts a fish between her legs; the little boy

sticks his penis into the mouth of the fish, whereupon the fish shuts his mouth pinching the penis of the boy. So the genitals of the mother are equipped with teeth, that is with phallic symbols, to punish incestuous intrusion. The role of the mother as an aggressor, or in our interpretation a punishing instance, is also revealed by the dog dream, where as we may remember, the dog was the aggressor.

Thus, as a result of the special character of his castration wishes, the mother becomes a dreaded person; this is why no wish to have sexual intercourse with the mother comes about, though this would be in accordance with the positive oedipus-complex; on the contrary, the beautiful woman is refused, as shown in the dog dream. His fear of the mother's phallus, which contains his fear both of his own aggression and of the talionic punishment, leads to aggressive wishes aimed at the removal or castration of the phallus of the mother. One of his dreams: He forced a screw into the female screw, but thereby spoiled the screw-thread.

Through a simple symbol-interpretation the manifest content of the dream readily illustrates the castration wishes directed towards the mother (the female screw is called in Hungarian "mother screw"); but the dream also brings some material of actual experiences. When he was a child, there was a milk-goat in their house, whom he liked very much; people said jokingly, that he had a liaison with the she-goat. But after a while he began to torture the goat; he would sit on her so as to make her collapse, he would tug on her tail; seeing that when the goat's vagina became slimy, he would thrust his hand into it and fumble in it furiously. The milk-goat, the female screw are the mother; the latter's tail i. e. phallus is tugged at by him, obviously in an effort to tear it off; he sticks his hand into the vagina, so as to spoil it. His own aggressions aimed at the castration of the mother, the origin of which we described above, were then projected on the father, too; in the primal scene the father flies angrily at the mother, and tears off her penis. This sadistic perception of cohabitation was fully borne out by the observation that the mother cried during the act, and the bed linen became often blood-stained.

It appears from the material so far collected, that the patient has formed the following picture of cohabitation; his mother who is provided with a phallus of aggressive character unites with the father; in an effort to prevent the mother from castrating, biting off (remember the tale with the fish) the penis of the father, the latter tears off the aggressive phallus of the mother and damages

her vagina. Now, in his masturbation fantasies the patient wished to replace the father, cuts the copulating parents apart, thus castrating the father, whose penis remains in the mother; thereupon he pulls his father's penis out of the mother's body and damages her vagina (33). It is the mother who, with the penis of the father in her vagina, in form of a nightmare is to take revenge on him for his sadistic fantasies and to punish him according to the talionic principle; this act of retaliation is manifest in the nightmare-attack, and the great fear associated with it appears plausible, if we realize, with Klein, that the punishment for the aggression against the parents engaged in sexual intercourse is double; both of the parents are expected to punish the child (19).

We can thus set down that the nightmare is simply the copulating mother with the marks of the castration wishes against the father bestowed on her. The primal scene itself as well as the interference of the child's imagination is represented in the symbol in a condensed form; the nightmare attack may thus be conceived of as the recurrence of the traumatic situation, in which the nightmare inflicts proper talionic punishment upon the child for his interfering in his fantasies with the sexual intercourse of the parents.

Oral Trends

As we have seen, the castration wishes which appeared on first approach formulated in terms of the phallic layer, involve the peculiar tendency of cutting off the penis of the *copulating* father, a tendency responsible for the fact that no positive oedipal wishes towards the mother have arisen. Thus we are facing the question: Which instinctual impulses may have found expression in this detail?

In the description of the patient's castration wishes it must strike us as remarkable that they involve much oral material; the vagina of the mother biting off the intruding penis is illustrated by the mouth of a fish; his relation of a sodomic character with the goat also refers to something oral as the goat figures mainly as an animal to give milk: likewise the masking of the copulating parents as cannibalistic wolves points, as we found in the analysis of the wolf dream, to the role of the oral part-instinct in the final modeling of the nightmare. We are now going to present all that the analysis has revealed about the development of the oral part-instinct in our patient.

The patient was suckled only in the first three weeks of his life. Then for some unknown reason he refused his mother's breast

and had to be fed from bottles. At the beginning of the analysis he drinks no milk or white coffee, stating that they are disgusting to him; he is able to eat sour dairy products only. He easily endures thirst. He is an alcoholic, consuming rather large quantities of diluted alcohol, about four to five liters daily.

To the analysis of his relation to the breast of his mother he contributed the following tale: A cowhand observed that his master tried to induce his cows to give more milk by walking around the stable at night-time and saying: "Just the profit, not the whole." (There actually exists a custom similar to this in the region of Cracow (44) of which the patient might have heard.) The cowhand decided to make it better than his master and imitated the ceremony changing, however, the words to: "Just the profit *and* the whole." And indeed, the cows gave much more milk; but the spell had been too effective: the cows could not stop giving milk and finally died.

The tale could be interpreted in the following way: with the cow he identified his mother, with the cowhand himself; he wanted too much milk from his mother, in fact so much as to destroy his mother; apparently, he had excessive oral wishes towards the mother. His immense desire for milk became manifest in the course of the analysis when, after having worked through his modest, almost ascetic attitude, his great insatiableness concealed behind it, unveiled itself, its only manifest symptom being his alcoholism, which likewise consisted in taking in large quantities of liquid. When he first tried to drink milk, he developed fantasies about drinking five liters a day and substituting all other consumption of food by milk alone, but getting plenty of the latter; this was an indication that alcohol represented his mother's milk, as was revealed often also in his facetious use of the word. As a result of this interpretation, his consumption of alcohol diminished considerably, he even stopped drinking and resumed it only in the course of changes in the transference situation.

His insatiable desire of milk was demonstrably connected with his having turned away so early from the mother's breast. In one of the sessions he meditated on Gulliver, who was seated on the bosom of a giant woman and saw the huge pores of the latter's breasts. He was terribly disgusted at that. He thought one could penetrate into the pores, could penetrate with the penis, and thus carry out sexual intercourse as it were. Carrying on his fantasies on this topic, he associated with the huge-breasted woman the "yehoos", from whom Gulliver was freed by the horses. At this

point he added at once, referring to some earlier material of the analysis, that I had often been represented by a horse in his imagination and he thought it was the horses who saved Gulliver from the nightmare; by this he also identified himself with the relatively small—that is infantile—Gulliver.

The evaluation of this fantasy material was fruitful in several respects. First, his oral sadistic fantasies aimed at a penetration into his mother's breast were unmistakably revealed in his excessive desire for milk. As a child, he often stole things, mainly food, cream and fruit; he was known as fruit thief. At a time he liked to steal sweets from little girls; he often stole things from his mother's cupboard. The interpretation that suggested itself readily was that he wanted to penetrate into his mother's breast and plunder it. For his oral sadistic fantasies a talionic punishment was due; while going through the material pertinent to this point he told a tale about gypsy children, whose belly had been cut open as a punishment for theft.

It was likewise an expression of his oral sadism that he built fantasies about being permanently united with his mother, or more accurately, with her breast, so as to be able to suck it all the time. This was to be gratified by his insatiable desire for milk, as well as his alcoholism. As an explanation I assumed that, for some reason—perhaps because of insufficient lactation of the mammae—he had, as an infant, badly borne the intervals between the suckings; this lack of gratification was to be made up for by his desire to be permanently united with his mother's breast. The sadistic character of this piece of fantasy was revealed during analysis by the patient's idea that this union could perhaps be achieved by his biting off the breast of his mother and keeping it permanently for himself.

Secondly, it could be shown in the course of his fantasies that his refusal of the mother's breast had been a result of his oral-sadistic fantasies. Gulliver—and obviously the infant identical with him—got disgusted at the openings of the breasts, that is the parts on which the oral-sadistic fantasies were focussed. According to my construction it was the fear aroused by his oral-sadistic fantasies that resulted in his turning away from the mother's breast. It was a fear partly of complete destruction, the biting off of the mother's breast, and killing the mother herself, in allusion to the cow that perished when the total produce of milk was demanded from her; partly a fear of the talionic punishment for his oral-sadistic fantasies.

Finally we could trace the direct connection between the oral

trends of the patient, or more accurately, his turning away from the mother's breast, and the nightmare. In the course of his fantasies about Gulliver, Gulliver was saved first from the huge-breasted woman, then from the nightmare, another disgusting woman, by the same image, the horse, i. e. the analyst. Thus we conclude that the nightmare is the mother equipped with a huge and disgusting bosom, which is the object of violent oral-sadistic impulses, and which, for this very reason, cannot be sucked. The mother who does not give milk is the witch, who threatens with talionic punishment. What, however, is the adequate punishment for an attack aimed at plundering the mother's breast? Obviously a counter-attack against the breast of the aggressor. And indeed, a part of the manifest content of the nightmare-dream refers to a pressure of the nightmare exerted upon the chest of the patient. According to my interpretation, the nightmare thus attacks the chest of the aggressor as a punishment for the latter's intention to do this very thing.

Immobility, the Talionic Punishment for Fantasies of Killing

Another part of the manifest content of the nightmare-attack could likewise be traced to the patient's oral-sadistic fantasies. We may remember that in the tale about the cow the latter perished, because the cowhand demanded too much milk of her. Now, I assumed that the plundering of the mother's breast might, in the fantasy of the patient, have led to the death of the mother. This assumption seemed corroborated by another dream from his childhood which turned up eventually during analysis; he thought, he must have been two years old when he had had that dream; it was also the earliest dream he was able to remember. The content of it was as follows: He was sitting on the arm of his mother; he struck her, whereupon she turned into stone. He was much frightened by seeing the motionless form of his mother and started crying. Then he woke up and saw that there was nothing wrong, he was lying in his perambulator led by his mother. With "sitting on his mother's arm" he associated sucking; he struck his mother because he did not get enough milk. The motionless form of the mother was associated to the idea of death. A part of the dream was not new to us; all that seemed at this stage of analysis worth noting in it was the detail, that the mother died in consequence of the patient's attack, death being represented by the mother's turning into stone and becoming motionless.

In connection with the idea of immobility the patient came

to speak of his own attitude in the analysis, mentioned in the beginning. We were able now to understand his mode of association as an attempt at pretending to be an imbecile like Schwejk, the brave soldier, a "hero", whose adventures he much enjoyed, who escaped from many great dangers by posing as an imbecile. His talking in a low monotonous voice was referred to by him as sleeping; he added that during the whole analytic session, he was usually lying quite motionless, as though he had the nightmare on his chest. Immobility, as we have just seen, is the criterion of death. In the manifest content of the nightmare-dream the dreamer becomes motionless in consequence of the nightmare-attack; thus we may interpret this part of the dream as the death of the patient, or more accurately, his being killed by the nightmare. It seems that here, too, we are dealing with a talionic punishment; the nightmare forces the dreamer to be motionless, because the latter made his mother motionless, the mother being represented by the nightmare.

Summing up what we have found so far, we may state that the patient, in his fantasy, assaulted his mother and, by plundering her breast, killed her. But in the disguise of the nightmare, the mother keeps returning at night time to take revenge; and her revenge consists in a counter-attack upon the dreamer's chest so as to make the latter motionless, that is, dead.

Urethral Trends Derived from the Breast-Phallus Equation

In analyzing the primal scene, we found that the aggressive instinctual impulses of the patient were directed against the mother; the analysis of his oral part-instinct revealed the same. Thus both in the analysis of the primal scene and in the development of the oral part-instinct we found direct reference to the nightmare, who was to inflict a talionic punishment upon the patient for his aggressive instinctual impulses.

In the primal scene the aggressions were aimed at the genitals of the mother, at her phallus which may, in the last analysis, be thought to symbolize the penis of the father. On the other hand, the target of the oral-sadistic impulses of the patient was the breast of the mother. These observations seemed to suggest that there might exist certain connections between the phallus and the breast of the mother in the patient's fantasy. We found it corroborated by his vagina dentata fantasies; in discussing these, we mentioned briefly that the patient had obviously, in his fantasy, bestowed oral marks upon the genitals of the mother, identifying the latter with

the mouth, and the teeth contained therein with the phallus. The connection between the phallus and the mother's breast was clearly shown also by a dream that he had after having performed a *cunnilingus*: A woman was lying with her legs straddled, while he was sucking a big, carious tooth placed in her vagina. He himself interpreted the tooth as a big breast which he had been sucking. Thus the woman whom he did the *cunnilingus* with was his mother who suckled him, the breast being represented in the vagina by the phallus. Consequently the phallus of the nightmare was at the same time the breast of the nightmare. This identification also explained the phenomena of his urethral sexuality.

It is very likely, that his early childhood was all dominated by his grave oral trauma and the subsequent oral fixation due to that trauma. Every phenomenon he connected with his oral part-instinct, among others his growing urethral part-instinct. As a very small child he was once taken into the bed of his mother who played with him lifting him up to herself; but he urinated on the mother. He was severely beaten for that. So far as he can remember he has never made his clothes or bed wet; his mother confirmed this. In the first year of analysis he had all sorts of trouble with his penis, and kept going to urologists since he suspected gonorrhea; obviously they had no clear idea of what he actually had and mistook the sterile flow for gonorrhea. After he had worked through the analysis of the scene just described, he gradually stopped his visits at the urologists. He has had no troubles of this sort since. To be complete, I may add that these symptoms were to make up for the omitted enuretic discharges.

While analyzing this scene I also learnt that the breast was identical not only with the phallus bestowed on the nightmare, but also with the penis of the patient. Consequently the liquids coming from these organs became also identified, that is, the mother's milk with his own urine. The lack of oral gratification led to an increased activity of the urethral part-instinct. This identification was also pointed out by Klein, mainly in connection with sadistic deluge fantasies (35). Here I wish to lay particular stress upon the reparation character of the urethral activity (36). Instead of the lost breast of the mother the patient found his own penis and replaced the missing milk by his own urine that was always at his disposal in ample quantity. Through the penis a further identification with the mother was performed; urination became a magic action on the part of the child to induce the mother to give milk from her breast-phallus, as he discharged

urine from his penis. This mechanism is again in harmony with the views of M. Klein (37), who suggested that the act of making oneself wet is in its earliest interpretation the expression of the female position, due to its character as an act of spending; according to H. Deutsch (1), too, enuretic discharge in boys originates from the female position.

The fact that milk and urine were capable of substituting for each other persisted in a stage of object relations higher than the magic; in his fantasy the child paid for the milk with his urine. When he passed urine on his mother, he tried to make her give him milk at last, in accordance with the terms of purchase, as it were. The beating he got for it barred the way for utilizing this new discovery, the urethral eroticism, to make up for his oral trauma, the deprivation of milk. Thus his urethral activity became meaningless, and ceased. The restriction of the oral part-instinct was thus followed by the restriction of the urethral part-instinct. The adequacy of my interpretation was clearly demonstrated, as if by an experiment, by the fact that in the very night after the restriction of his oral part-instinct had, in the course of analysis, come to an end, and he had decided to drink milk, the restriction of his urethral part-instinct became also dispensed with, and he wet his bed. He paid for the milk, he said laughingly.

For the moment we may disregard the task of demonstrating the direct bearing of the conditions discussed just now upon the nightmare; we postpone this until we come to discuss anthropological material. All we want to establish now is that the urethral and oral part-instincts of a patient suffering from nightmare are closely interrelated in the sense that the operation of the urethral part-instinct is meant to make up for the harm done by dual sadism (30).

The Oral-Sadistic Perception of the Primal Scene

The examination of the patient's urethral activity which was based on the identity of breast and phallus led to an understanding of the oral background of his castration complex which we found expressed in the phallic layer, as well as of his oedipus-complex; in this way all the details of these psychic formations are uniformly accounted for.

Owing to the oral fixation which was described above the patient conceived the sexual organs orally. One manifestation of it was, as we saw, the identification of breast and phallus. His fan-

tasies concerning the vagina dentata also point to an identification of the vagina with the mouth.

The functioning of the sexual organs was likewise conceived by him through oral-sadistic fantasies. His violent oral-sadistic instinctual impulses were aimed at his mother, involving the desire to penetrate into her body and destroy and plunder its inside. Accordingly, sexual intercourse was imagined by him as an act of penetrating into the mother, destroying her inside—the “screw-thread”. The metamorphosis of his oedipus-situation which, as we saw, led to aggression against and not to affection toward his mother, must be attributed to his oral fixation.

The mother defends herself against the aggressions that befall her during sexual intercourse, in agreement with the talionic principle: with her vagina, represented as a mouth, she tries to bite off the penetrating penis. Thus, in line with the oral-sadistic conception of sexual intercourse, the partners endeavor to destroy each other's sexual organs. M. Klein has described this fantasy before (38).

We have previously given an account of our patient's fantasy which contains the wish to suck the mother's breast and be united with her constantly. He imagined this realized in the cohabitation of the parents, but, of course, it was not he who was thus united with the mother. This fact reactivated his oral trauma, his excessive oral wishes, which had been the cause of his abandoning the union with his mother forever. Thus the trauma of the primal scene led, by way of his oral fixation, to a reactivation of his oral trauma; his aggression was turned against the parents. Yet, by his aggression, as we saw, the father's penis remained stuck in the mother, who thereby became the image of the mother constantly engaged in the sexual act. We pointed out above that the patient thought to assure constant sucking of the breast by biting it off; now, we can collate with this the image of the mother who is constantly engaged in the sexual act, and owes this constancy of sexual activity to an aggression, contributed to her after the pattern of the oral-sadistic fantasies of the patient. The fantasy involving the aggression against the parents performing sexual intercourse was also described by M. Klein, who thinks this fantasy to be the source of the earliest anxiety states (39). It originates from a disturbance in the earliest relation of the child to the mother's breast, such as: too short and unsatisfactory suckling periods, feeding through bottle; all factors leading rather early to the child's turning away from the mother's breast. The material of my analysis

bears this out in all points. As an infant of three weeks the patient suffered from oral disturbances which, indeed, caused his aversion to the mother's breast. According to my interpretation, the fantasy of constant sucking was due to the infant's efforts to compensate for the constant lack of gratification; the derivation of this was the image of the mother who is constantly engaged in the sexual act, of the woman with a phallus stuck in her body. It was due to his anger at the union of the parents that this aggression was aimed at preventing this union, so as to bring the parents into a state of want like his own. An expression of this aggressive impulse was his desire to separate the parents by cutting them apart during sexual intercourse: they should be separated as he had been separated from his mother. The special character of his castration wish, the severing of the penis from the father's body during the sexual act—a wish the grave consequences of which we saw—was thus the manifestation of his oral-sadistic instinctual impulses.

It could clearly be observed that the infantile fantasy of a union with the mother, a "dual-union" had been the outcome of the lack of gratification; accordingly the dual-union of the parents (in form of sexual intercourse) meant for the child that father and mother were gratified. On the basis of the analytic material we may assume that, in the early fantasies, the mother was conceived of as forming a dual-union by herself, for she had a breast, i e. a penis and consequently, was able to perform sexual intercourse constantly. Namely, if the dual-union stood for a state of gratification, the mother was bound to be gratified through her breasts. For the child this was borne out by the simple fact that his mother was able to *give*, to spend what she possessed, the mere fact of possessing showing that she was gratified. This state of gratification attributed to others is the source of great envy; the patient envies women openly, for he thinks they are always gratified. Hermann (11) pointed out that the dual step in primitive thinking is a step towards gratification. It is the child's response to his being weaned from the mother.

The oral-sadistic conception of the sexual act contains a number of contradictions. Originally it is he, the man, who figures as the recipient, the one who receives, he has a mouth; while the mother is the one who spends, she has breasts, a phallus. But this is reversed in the sexual act; the penis of the man becomes the spender, while the vagina of the mother is the recipient. We can now understand the outburst of the patient against his parents during the analysis: he was faced by so many mysteries at the time

he witnessed the primal scene. A number of most mysterious questions arose: Who is the one who suckles, the father or the mother? Or: Who will be castrated, the father or the mother? He could not identify himself either with the father, the spender, or with the mother, the recipient; thus he remained hovering between male and female position, identifying himself at last with the mother endowed with a phallus, as we saw in the analysis of his urethral part-instinct. According to M. Klein (40) this position in correspondence with the oral fixation plays an important role in the origination of homosexuality. Indeed, the patient had manifest homosexual fantasies of sucking. And it will not surprise us to find a connection between the nightmare, originating from a similar psychic structure, and homosexuality. Jones has described how easily the nightmare, and consequently the patient attacked by it, changes his sex, i. e. his position during the attack.

Now we think we are in possession of sufficient material to answer the question put at the beginning of this paper: How did the persons figuring in the primal scene come to be converted into nightmares, witches?

It was the oral-sadistic conception of the sexual act that converted the cohabitating mother into a nightmare, or a witch. The father realized the oral-sadistic fantasy of the child concerning the constant union with the mother while performing sexual intercourse, but the child cut them asunder; this was how the mother-nightmare became an image with a phallus. Thereafter through his masturbation fantasies, the patient himself cohabitates with his mother, that is, penetrates into her breast. This explains the nightmare lying upon the chest. To destroy each other's sexual organ becomes an essential part of the sexual act; the inside of the mother is, in conformity with the oral-sadistic conception, plundered, so as to kill the mother, who becomes motionless; this is why the nightmare makes the dreamer motionless, that is, it kills him.

Defenses Against the Trauma of the Primal Scene: Immobility

As was pointed out by Ferenczi (5) a trauma recurs in the nightmare attack; we could add, the trauma of the primal scene, the nightmare being the cohabitating mother modified through oral-sadistic fantasies. One may also expect that the attitude of the patient during the primal scene, in some way or other, is mirrored by the attitude he displays in his dream.

His oral-sadistic fantasies led to a restriction of his oral part-instinct, it made him turn away from the mother's breast. In view

of the fact that the traumatic effect of the primal scene was controlled by similar mechanisms, the wolf dream of the patient, the first piece of analytic material to afford deeper insight into the primal scene, could already be interpreted in the way that the white color of the wolves was to contradict the fact that the dreadful scene had actually taken place; it was to prove that there was no horrible scene, nor did the mother's breast arouse more oral-sadistic aggression than he was able to endure.

A similar mechanism can be assumed to underly the detail that somebody becomes motionless, dead, or turns into stone. Closer examination of the patient's behavior during analytic sessions revealed that sleeping or pretending to be an imbecile stood as a derivative form of death. By pretending to sleep, he meant to indicate that he knew nothing of the primal scene; he could not know, because apparently he was sleeping just then, yielding to the command of the parents. He denied, through his behavior, that a trauma had been inflicted upon him. By pretending to be an imbecile he tried to insinuate that he had understood nothing of the whole thing, nothing that could have been traumatic, so he had no reason now to have any fear. He compared himself to Schwejk, the brave soldier, who by simulating imbecility had likewise managed to escape many great dangers. The trick of pretending to be an imbecile does not contain denial of the actual occurrence of any event, it merely denies that the event is dangerous. Thanks to his imbecility, he is spared the necessity to take upon himself any traumatic affliction, just like Schwejk, who had never to go to the front and expose himself to traumatic experiences there. The whole trick may be formulated after the pattern of a modified joke as follows: nothing happened, yet what happened, he did not see, and what he saw, he did not have to be afraid of. This obstinate, yet treacherous denial indicates that the trauma might have been extremely violent. We know from our analytic work that simulation is, as a rule, not mere simulation, it has a concealed core; in this case, too, the simulation discloses the true reaction of the patient which consists in his becoming motionless, turning into stone, getting petrified. Even the usage of this phrase indicates a traumatic origin: one gets petrified with great shock, surprise, horror. For some time during analysis the patient kept meditating on the Medusa at whose sight the onlooker turned into stone. He imagined the Medusa to be a woman with a phallus; by this Ferenczi's and Freud's (4) view was confirmed (6). It was clearly demonstrated in the further course of analysis that it was

at sight of the phallic organ of the mother that one turned into stone; the phallus of the mother being a reminder of the sexual act, the turning into stone figured obviously as the patient's reaction to the trauma of the primal scene.

In connection with this we may also refer to another mythical case of turning into stone. The story of Lot and his family is well-known from the Bible. Lot and his family had to flee from the sinful city of Sodom, on the inhabitants of which some horrible punishments were to be inflicted. But Lot and his family were not allowed to look at the execution of the punishments, that is, to turn their heads while fleeing. Yet the wife of Lot turned around and became stone. After their flight, the daughters of Lot had sexual intercourse with their father in a cave. I think it is possibly a case of hysteron-proteron and an exchange of roles; the interpretation of the myth may thus be that the daughters saw their parents performing the sexual act, and having conceived it as a punishment, as a horror, turned into stone. (Further discussion of the topic of "stone" will follow in the anthropological part of this paper.)

I may explain the patient's reaction to the trauma, his attempt at pretending to be dead, in terms of Ferenczi's view (7). He maintains a connection with certain long abandoned phylogenetic forms of reaction, such as the "Totstell-Reflex", the trick of keeping motionless and imitating the dead. As a matter of fact, we can find in the records of Ferenczi indications to the possible role of this mechanism in the origination of the nightmare attack (8). Thus this detail of the nightmare-syndrome, the incapability of moving, seems a condensation of the death-imitating reaction—"Totstell-Reflex"—to the trauma on the one hand, the talionic punishment inflicted upon the dreamer for his oral-sadistic fantasies, on the other.

Arrested Breathing

A direct connection between the patient's refusal to take cognizance of the primal scene trauma and his reaction to his oral trauma is also demonstrable. This connection leads to the understanding of a third element of the nightmare-syndrome: the arrested breathing.

Once the patient complained that he was not able to draw so deep a breath as he would like to, he could only speak in an undertone, as if he had been under the spell of the nightmare by day, too. Afterwards he began to speak of a novel by Jules Verne, *The*

Idea of Dr. OX. In this novel some gas was poured down upon the inhabitants of a town, whereupon the people, entirely blameless in their conduct until then, started a dissipated life. To gas the patient associated laughing-gas and flatus. A friend of his had once told him, that he had happened to see a man and a woman copulating in a wood; during the intercourse the woman flatulated, whereupon the man asked: "You even fart, Juliet?" On telling this, the patient added presently that Juliet was not the name used in the story, but he could not remember the name his friend said, so he just used a name that occurred to him. Juliet is the name of his mother.

I told the patient about a conjecture of mine: perhaps his mother had let a flatus go during the sexual intercourse he had been a witness of. The patient could not remember that, yet he thought it probable that he had felt some smell, for the sexual act took place quite close by. He had a very good nose and would smell anything. He further reported that he was always afraid that the woman might let go a flatus during intercourse and it would have the smell of the sexual secreta. My interpretation was that the smell experienced during the cohabitation of the parents must have put him into a state of great excitement that he could neither give vent to through proper reactions nor repress; so a trauma was produced which he tried to escape by not breathing the smell of the cohabitating parents. In his dream the nightmare recalls the cohabitating parents and the whole trauma of the primal scene; in his dream he again gives the same defense reaction: his breathing gets arrested, so that he is unable to feel the smell with its traumatic charge.

If we take the inspiration to be a form of introjection as Feniichel (2) did, when he described the respiratory introjection, the connection between this and the reaction of the patient to the oral trauma becomes apparent. He turned away from the mother's breast on account of his oral-sadistic fantasies: in other words, he declined to introject the object that was to release his aggressions; in a like manner, he declined to breathe in the smell representing the primal scene which would have released violent aggressions.

After having thus interpreted each of the elements contained in the nightmare-syndrome, we may proceed to summing up our results. The nightmare attack is a recurrence of the experience the dreamer had when he witnessed the primal scene. The nightmare, the mother with a phallus, represents the cohabitating parents. On account of his oral trauma, the patient conceived the primal

scene in an oral-sadistic interpretation. In correspondence with this conception, the nightmare inflicts a talionic punishment upon the dreamer: the attack is directed against his *chest* and executed so as to kill him. The dreamer behaves as he did on the occasion of the primal scene: he evades excitement by stopping breathing and pretends to be dead, by being motionless. Thus we were able to interpret the three symptoms resulting from the nightmare-syndrome.

Anthropological References

As I mentioned in the introduction, the nightmare, the witch, is a common figure of all peoples' folklore and superstition. Having analyzed the nightmare, the "witches' pressure" in an individual case, we have come to learn certain fantasies and traumata as the foundation of it. In what follows, we shall try to show that the same fantasies and traumata played a role in bringing about the nightmare-witch myth in the world of superstition.

There is a figure in the Hungarian (Ural-Altayan) folklore, a shaman, called "taltos". The way the Altayan shaman becomes obsessed with his mission as a "taltos" is that he is attacked by an ancestor who springs on him and tries to strangle him (45). Now, we have also seen that the nightmare is the image of a parent, an ancestor; the "taltos" is an individual who has suffered the nightmare attack. But there are also other requirements for becoming a "taltos"; the child, who is born with teeth will become a "taltos" (46); the "taltos" infant is required to suck for seven years (47), the prospective "taltos" must watch a male and a female "taltos" fighting with milk-jugs, and injuring each other's breast (48). So we see that the "taltos" must have been the witness of a sort of primal scene as conceived in oral-sadistic interpretation. The "taltos" shows an increased sadism, but his oral gratification gets accordingly increased. Yet, this increased gratification does not seem to account well for the circumstance that "taltos" as well as their relatives, the "garaboncias", go from house to house asking for milk; if they do not get milk, they cause many troubles, such as hail, and disturb the wine-growing (49).

Another detail that does not fit in with the picture is that in some regions the nightmare is a little man to whom the first bite is always due and who must be taken care of. Inevitably we arrive at the assumption, that it is only (50) a wish of the "taltos" to have sucked for seven years, in reality he might have sucked very little, or he would not ask for milk everywhere. Thus the "taltos",

who is believed to have sucked for seven years, is the product of a wishfulfilment fantasy initiated by the very fact that the wish was not satisfied (51). Thus popular superstition holds that a man who is haunted by the nightmare is a man who suffered an oral trauma, just as I demonstrated it in the above described case.

The trauma of weaning from the mother's breast is obviously one that is common to everybody's development and apt to give rise to a wide-spread image like the nightmare-witch. Then we must find the nightmare, the witch of folklore, closely connected with weaning, just as we found it in our case, where the nightmare represented the mother as the executor of weaning. And this is actually the case; in folklore, great activity concerning milking is attributed to the witch. When the little lamb is weaned, all sorts of witches are supposed to swarm about in the air. The witches are persistent enemies of the cows (52). They use all their power to arrest the milking of the cows, or to make the milk turn sour. The cows must constantly be protected from the witches through different kinds of sorcery (53). Obviously the cow is the suckling mother, whom the witch wants to transform into the weaning mother.

The sorceries consist partly in the reciting of certain spells, such as: "I take, but I also leave," "I take the profit, but not the whole," (54), and so forth. The spell is obviously meant to reassure somebody that by his oral-sadism he will not entirely destroy the milk-giving breast. The spells serve to keep the oral sadism in check. The fact that the oral-sadistic impulses have to be checked in order to secure milking implies that any cessation of giving milk on the part of the witch-mother is due to the oral-sadistic impulses having not been checked for some unknown reason. In other words, popular belief holds that weaning is a result of the oral sadism of the infant, which is confirmed by my patient who did not keep his oral sadism in check and demanded the "whole profit". The failure to inhibit the oral-sadistic impulses is the cause of weaning; the mother, instead of giving milk, becomes a witch-nightmare who punishes the child for his oral sadism according to the talionic principle. The nightmare of the southern Slavs likes to suck the breast of little children (15); the German "Alp" sucks the nipple of children and adults (17). In accordance with the identity of breast and phallus, the nightmares of different regions suck different phallic symbols, as was also mentioned by Jones (16). To this we may finally add that the Hungarian word for witch, "boszorkány", probably originates from the Turkish

root "bas-" which means "to press" (presumably, the Hungarian vulgar expression for coitus, "baszni", derives from the same root); this seems to be an additional confirmation of our interpretation to the effect that the pressure upon the chest, the deep meaning of which is the sucking of the breast, is to punish for the oral-sadistic fantasies.

Another part of the sorceries aimed at securing undisturbed supply of milk consisted in the following manipulations: Rain-water or dew collected under certain conditions was given to the cows to drink, or else the animals were brought into some contact with the water (55). Obviously, the unconscious meaning of the water is urine, as we actually come to see when pursuing the popular customs concerning this magic practice. This mode of sorcery is also known to us from the analysis of our patient who, as we saw, tried to secure milk for himself by some urethral activity; the character of the urethral activity as a part-instinct and the nightmare did not, however, present itself in our analysis while this connection is clearly reflected in folklore. The nightmare is in very close relation to the horse; the English word "nightmare" seems to indicate a female horse though, as Jones pointed out, this etymology does not conform with the facts (18). But this faulty conclusion of linguistics is not to be considered as an argument against a connection existing between nightmare and horse, on the contrary, it is a clue to go upon when we are to trace this connection (22). According to Jones the mounted horse is apt to represent coitus (19). We may remember that in the tale of my patient it was on the pretext to convert the woman into a horse that the priest tried to have sexual intercourse with her (20). In addition, the horse seems to have certain connections with the phallus and water. We may call attention to an established etymological fact: horse is in Latin "equus"; furthermore, in Latin, as well as in most of the Indogermanic languages the word for water originates from the same root—"aqua" (21). Thus urethral references are given some role in the representation of the nightmare, chiefly in the form of reconstruction as was attested by my analysis; the horse-shoe, which is commonly believed to bring good luck, is above all, a means to protect from witches (23).

The Hungarian nightmare does not show direct references to the horse. Still, some indirect connections can be found in the figure of the "taltos", who is closely associated with the horse; the "taltos" horse is a helping image. Similarly, our patient, during analysis, used to represent the helping analyst as a horse, which

was to deliver him from the nightmare, like the horses delivered Gulliver from the "yehoos".

We learned in the course of our analysis that the nightmare appeared in dreams disguised as a wolf or a dog. This identity can be found in popular belief, too. Jones says that "it is remarkable what a close connection exists between the former, i. e. werewolf, and the popular equivalent of the latter, namely, the belief in the male and female nightmare bogies" (24). In the times of werewolf and witch epidemics, when certain criteria were considered vital, both were identified by the same criteria (25). Most characteristic of the wolf is its being an oral-sadistic murderer, it devours men (26). Thus as to this point, it accords with the characteristic of the nightmare as interpreted by me. Secondly, the wolf is the soul of a dead man (27), a death demon whose task, as also that of the dogs (28), is to announce the approaching end to the souls and to accompany the dead souls to the other world (29). We have found, that the nightmare is also a dead woman, the killed mother; it also indicates the approaching end to the dreamer, by trying to kill him.

As we saw, immobility indicated that the nightmare was a dead person; in the course of analysis the connection with the fantasies of turning into stone was revealed: the nightmare was the mother who had turned into stone. This motive is known from literature. At the end of a gallant adventure, the stone statue of the dead father, the Commandant, appears to Don Juan during a drinking-bout and takes the horrified Don Juan with him into the other world. Rank, who devoted a paper to the Don Juan problem, arrived at the conclusion, that the "guest of stone" is a cannibalistic death demon (10), representing, on the surface, the father, in deeper layers, however, the mother (42). Thus the "guest of stone" is essentially an image of the same structure as the nightmare. Here the question arises: What may the significance of the stone actually be? How did stone come into such close connection with the same oral-sadistic instinctual impulses, both in our individual case and in a wide-spread literary motive?

Rank derives the fantasy of the "guest of stone" from the grave-stone (43). To my mind this explanation is possible but not satisfactory, as it implies a *petitio principii*: what we have to explain is just why death is represented by stone at all? I suggest the following explanation: in the period of oral sadism, when the child is already aware of the qualities of the objects, the result of the oral-sadistic impulse, the killed man, is represented by some motion-

less matter, on account of its being motionless; the most primitive motionless matter is stone. This is why the dead man, the murdered man, is illustrated by stone. In the representation by stone of the dead, we must see the remains of the primitive thinking of the oral-sadistic period. Investigations of Piaget (41) have furnished direct proof for this assumption that immobility represents death for primitive thinking; he found that children, up to the age of about eight, believe movement to be the criterion of the living. The conception of stone as a representation of the dead, may lead us to the phenomena of mourning and melancholy, but we do not want to digress (56).

Outlook to Sociology

We see that it is possible to refer the nightmare of folk-belief to the lack of oral gratification, to the oral sadism, to the orally conceived primal scene, to wearing, to the urethral part-instinct, to the compensation for the harm done by oral sadism, to the dead; all this could be traced as well in our individual case. The situations that emerged there during analysis, whose connections with the nightmare could only be brought to light through analytic work, have all their precise manifest parallels in the folk-tales and sorceries concerning nightmare. Thus we can state that the ideas and images of nightmares, and witches and their activities, are general, for they have sprung from well-definable instinctual impulses and traumata, likely to occur at every age and in every person. Unfortunately, we, the people of the twentieth century, have to contradict the wise Hungarian King Kalman, the Bibliophile, who declared as early as the twelfth century: "De strigis vero, quae non sunt, nulla questiofiat"; witches have existed and, as appears from certain mystical elements in some political movements of recent times, they still exist. The image of the witch has, indeed, caused many a grave epidemic to mankind: from time to time, men set about to persecute, slay and exterminate the witches, whose holiday, as is well known, is like the Jews' Sabbath, the Witches' Sabbath. Very often these epidemics coincided with social crises. P. Gener, a historian, who devoted a study to the witch-problem, says about the period after a very grave epidemic in the fifteenth century: "It seems as though mankind suffered the agony of feudalism and labored under the crisis due to the rise of a new age." (9)

All this indicates that the nightmare-witch image, the unconscious foundation of which we have just been trying to disclose, is a social problem as well. Naturally we shall endeavor to utilize

our results to elucidate the unconscious roots of this social phenomenon, too.

We know that social crises are the superstructure of economic crises, that is, of crises in production and consequently in consumption. Except for a very small part of the population, people perceive the economic crises obviously as crises of consumption. In plain formulation, this means that broad layers of society are suffering from a chronic lack of gratification, even in their most primitive needs, the need for food. These layers are either actually starving, or constantly threatened by the danger of starvation, say, in the form of unemployment. As a result, mankind is prone to experience these social and economic crises as oral traumata, reactivating the reactions and states once developed in response to oral traumata, that have since been more or less, we must say, rather less, overcome. In this paper we have recognized the witch-fantasy as a reaction to oral traumata. In times of social and economic crises, on account of the prevailing oral-traumatic character of these crises, men are again inclined to believe, that it is some oral-sadistic image, as for instance witches, that have brought the hardships upon them, just as the "starving" infant thinks the cause of his miserable state is the mother who has changed into a witch. This point of view opens a new road, in my opinion, towards a deeper understanding of the psychology of social conditions, a scientific achievement that psychoanalysis still owes to mankind. But the attempt at this should be the subject of another work.

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14. E. Jones. p. 233: "A Mara is a maiden ripe for marriage, who will become a witch after it." "Mara is a daughter of a witch."
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17. E. Jones. *l. c.*, p. 126.
18. E. Jones. *l. c.*, Part III, Chapter 1, p. 245.
19. E. Jones. *l. c.*, p. 317.
20. E. Jones. *l. c.*, p. 2.
21. E. Jones. *l. c.*, p. 292, *cf.*, p. 316: "I have the impression that it is the urinary one that contributes the characteristic elements."
22. E. Jones. *l. c.* Part III, Chapter 1, p. 245.
23. E. Jones. *l. c.* p. 194.
24. E. Jones, *l. c.* p. 143.
25. E. Jones. *l. c.* p. 144.
26. E. Jones. *l. c.* p. 150.
27. E. Jones. *l. c.*, p. 146.
28. E. Jones. *l. c.*, p. 145.
29. E. Jones. *l. c.*, p. 132.
30. Katan, *Int. Zeitschrift für Psa. und Imago*, Bd. XXV p. 138, points out "that there is a phase in mental development when a rather close connection seems to exist between the oral and urethral processes" (p. 161). He attributes to the urethral processes an effect of allaying anxiety (pp. 163-164), which I think is related with the reconstructive effect suggested by me. The author adduces the case of B. D. Lewin (p. 168) with the patient having a dream of urinating, similar to the infantile reminiscence of my patient; the dream showed close connections with oral processes as well as with the phenomenon of immobility, a symptom in the syndrome we considered above. Katan thinks further the oral-urethral circle to be in close connection with the mechanism of mania-melancholia (p. 169). At a point later in my paper I also come to this question, without going into a more detailed discussion of it. Collating the results of the two papers, it seems that there exists a phase in mental development with the oral-urethral part-instincts culminating in it; this phase can be studied in the mania-melancholia group as well as in the nightmare syndrome. I was not aware of Katan's results when I wrote my paper.
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THE MENTAL AND THE PHYSICAL ORIGINS OF BEHAVIOR*

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We are here to recognize the great services which Dr. Ernest Jones has rendered to the psychoanalytic movement in this country. For more than thirty years he has held a commanding position in a new science which has gradually become an established part of our outlook on human behavior, and the new science by its very nature has had to overcome much more than the usual amount of opposition. You are honoring your own leader and it is a great privilege for me, a stranger to all but the rudiments of psychoanalysis, to be invited to give this first Ernest Jones memorial lecture. It is a privilege, but it involves more than the usual amount of anxiety proper to these occasions, for I must do my best to lull our subject into a sense of false security, to prevent him from realizing what he may be in for. This meeting must not be the prelude to sleepless nights in which he will lie thinking of future lectures which will display him to posterity as a model of whatever the lecturer may regard as virtue and as the holder of whatever views the lecturer may think he ought to have held. For there are perils in this form of immortality as in the other kinds, and there is much to be said for regulations like that for the Seatonian poem at Cambridge which was to be on one of the attributes of the Divine Being from year to year until such time as the subject should be exhausted. That occurred some years ago, and Dr. Ernest Jones may be glad to look forward to the time when his attributes, too, may be taken for granted. To encourage that hope I shall make no further attempt to extol them this evening, for I should be trying to tell you what you know already far better than I.

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Yet there is a personal reason which explains why a physiologist should leave his furrow for such unusual country. Before the war of 1914 I was a medical student at Cambridge with two friends who were particularly interested in disorders of the mind. Nowadays these things have become the stock-in-trade of the entertainment industry and Hollywood spends millions in depicting the more respectable aspects of the unconscious; the neuroses must have lost some of their glamor for the medical student, but then they had all the attraction of a new and mysterious field out of relation with anything which we were taught in our laboratories. The older generation showed little interest in the subject and they could scarcely be blamed, for medical science had advanced so positively in other fields, in surgery and bacteriology, for instance, whereas if the neuroses were better understood and treated it was by a few specialists each with his own method and outlook. We dabbled in hypnotism; at that time there was one of the recurrent waves of interest in hypnotism in Cambridge and medical students were constantly assuring one another that their eyes were growing heavier and heavier. But the theories led nowhere. We could agree that the hypnotized subject, like the hysteric, had a restricted range of consciousness and was unduly suggestible, but we were little the wiser.

Then one day one of my friends came to read Dr. Ernest Jones's *Papers on Psychoanalysis*, published in 1913. He made us read it too, and we found it disturbing stuff. We were naturally repelled at the thought of the fantastic tricks our minds were supposed to play on us, but we were young and curious and it could not be denied that Freud's ideas were on quite a different plane from any of the others we had come across. Freud's seemed incredible, but they led to definite conclusions not only about neurotic symptoms, but about memories and dreams and normal behavior. Unlike the others, this theory went far beyond a single range of facts; it showed or tried to show quite unexpected relations between different fields, and it made assertions which should have been open to direct confirmation or disproof. Although we did not know what to make of it we were sufficiently excited to decide that we would try to get into touch with Dr. Ernest Jones as soon as we went down from Cambridge to see if he could resolve our doubts. None of us did so, for the war intervened. My friends were killed and I returned, regressed perhaps, to physiology and have never been more than a spectator of the early struggles of

psychoanalysis and of the gradual acceptance of most of its principles.

When such a radical change of outlook has taken place it is difficult to recall correctly what were the prevailing views which were held before. It is natural in these days to accept the idea that unworthy memories and desires may be repressed, that the conscious mind may resent their intrusion, that children may be jealous of their fathers and that a slip of the tongue may reveal an unexpressed wish. And it is easy to find passages illustrating these views written long before Freud began. I remember how well Dr. Jones quoted Meredith to his purpose. One may even extract the main conclusions of Freud from the philosophy of Schopenhauer. In fact, we have become so used to psychoanalysis that it has been argued that Freud did little more than systematize what was already known, adding some more dubious conclusions of his own about the dominance of the sexual urge: that future generations will have no need to regard him as a great innovator who founded a new conception of the mind. I am sure such a view is mistaken. Remembering my own incredulity and the bitter disputes after the war, and contrasting the papers that were written about the neuroses of that war and of this, I cannot believe that there has been anything less than a complete and general change of outlook in medical psychology, that it is the direct result of Freud's work and that Dr. Ernest Jones has been responsible for its acceptance in Great Britain. I hope that some future lecturer may elaborate this theme, for an unbiased study of the gradual penetration of the new ideas would make an instructive chapter in medical history.

But medical history often proceeds along an unpredictable course, for some unexpected development may cut across what seems the obvious line of evolution. Twenty years ago most of us would have supposed that states of anxiety and depression would become more amenable either to psychoanalytic methods or perhaps to some new endocrine therapy. We should not have been much surprised if the surgeons had found a new source of chronic infection to clear up or a new visceral displacement to adjust; but few of us would have dreamt of the possibility that anxiety would come to be treated by electric shocks to the head, or, if that did not work, by surgical destruction of part of the brain.

The success of such direct physical methods would be more satisfactory to the physiologist if he could find some rational explanation for them. Meduna had a reason for adopting convulsive

therapy, but it was not a very good one. The psychoanalytic explanations you will be able to judge better than I can.

These new developments have at least drawn attention once more to the influence of the body on the mind. It is still necessary to emphasize, in and out of season, the influence of the mind on the body, but the necessity has sometimes forced the other side of the picture into the shade. The leaders of the psychoanalytic movement have not been blind to it; after all Freud began as a physiologist and came near to an important discovery in pharmacology. Yet the development of the subject, its technique and terminology and whole theoretical structure has tended to make it a closed system, content to follow its own path and to let the neurologist and physiologist follow theirs. The lack of contact seems to be greater in this country than in the United States, where psychosomatic medicine deals with the entire patient, and may succeed in bridging the gap if it can avoid the danger of becoming as specialized as other branches of medicine. There is a story in Lord Samuel's memoirs of a College at Oxford where there was a society called the "Society for Viewing Things as a Whole". Most of us would like to believe that we could aspire to membership if we gave our minds to it, but we should have to confess that most of the time our work makes it difficult. You would not have asked me to give this lecture if you had not felt that the nervous system ought to come into the picture sooner or later, and I should not be giving it if I did not feel that physiology ought to take cognizance of the mind. Yet there is no reason why either of us should alter our method of approach. The territory is far too large to be covered by a single group of explorers and so long as we are aware of what the others are doing we had much better follow the path dictated by our training and general outlook.

Our general outlook on the problems of human behavior may be psychological or physiological, but we start with certain conceptions which are the normal apparatus of our thinking, conceptions of causality, force, energy and so on. They may be used with the definiteness allotted to them in the physical sciences or with the vagueness made necessary by the subject-matter of the mental sciences. Freud accepted the vagueness, pointing out that "general ideas in any branch of science must be left indeterminate at first, to wait for progressive analysis of the material of observation before they can be made clear and can find a significant and consistent meaning". Those of us who deal with the mechanics of the body ought not to quarrel, therefore, with the psychoanalyst's use

of the term energy, but there was a stage in the development of psychoanalysis when criticism did arise, because it seemed that the rather vague analogies between mental and physical energy were being taken too seriously, so that the laws applicable to the one could be taken for granted in dealing with the other. The criticism is ancient history, yet it serves as an introduction to some developments in neurophysiology which seem to be narrowing the gap between the two sides—the gap which tends to make us think of the human psyche as something with a life of its own, inconvenienced from time to time by the body to which it is bound, but having no common driving force and no common growth.

The developments have come from a better appreciation of the activity of nerve cells in the brain. Although many people have had a hand in them the chief credit must certainly go to Hans Berger, for his pioneering work on the human electroencephalogram. Freud's work has made it impossible to recall clearly what used to be thought about the neuroses and in the same way Berger's has made it difficult to recall what we thought might be happening normally in the brain. In fact, there was not much to guide us, for neurophysiology was still mainly concerned with the problems of nervous conduction and of the reflex arc.

As you know, Berger found that the human brain in the inattentive state was the seat of a continued electrical oscillation with a rhythm of about ten a second. He found, in fact, that there was a continued activity in large groups of nerve cells maintained apparently by some inherent mechanism of the brain and not directly related to incoming sensory messages. This has an important bearing, suggestive rather than conclusive, on the general problem of the physical origins of nervous activity and therefore on the physical origins of behavior.

Living cells have a store of potential energy and, in the cells of the nervous and muscular system some of this energy can be suddenly converted into another form when the cell becomes active. In the nerve fibre the activity appears mainly as a spreading electrical charge with a movement of ions as the chief outcome of the energy transformation: in the muscle fibre there is a much greater transformation and the energy appears as mechanical work. Now in an animal the movements of the body must be closely related to the external environment. The eyes must be turned towards a sound, the body must keep its balance as it moves about and so on. It follows that much of its activity must be directly controlled by the sense organs, and for this to be done the muscle fibres must

remain quiescent until they are called into play by signals from the nerve fibres and the nerve fibres must not signal except in obedience to the changes which take place in the environment. Activity in the muscles uncontrolled by the nerves would upset all the adjustments of the body and activity in the nerve fibres uncontrolled by the sense organs might be equally disastrous. There must, of course, be the central station for pooling all incoming signals and producing the appropriate orders for each muscle fibre, but the body could not keep alive if some of the transformations of energy in the nerves and muscles were not entirely regulated by the impact of its surroundings on the sense organs.

For these immediate adjustments, therefore, the stores of energy in the cells must be held ready for immediate release and the amount released must be completely dependent on the external situation. The mechanism must be dead-beat, as Sherrington puts it, coming to rest as soon as the body has been brought into harmony with its external surroundings. Thus in the reflex mechanisms of the nervous system we are concerned mainly with cells or fibres which become active only when they are exposed to the appropriate stimulus. If they are not disturbed they stay quiet.

There is very little resemblance between what goes on in these reflex parts of the nervous system and what goes on in the psyche, for there we seem to be dealing with sources of activity, with mental energy if you like, which cannot be curbed but must overflow sooner or later into some kind of behavior. The connection between these mental sources of activity and the energy in a living nerve fibre is too remote to be worth elaborating. And clearly the behavior of an animal with an intact brain differs radically from that of the reflex preparation. The intact animal controls its environment to some extent instead of being controlled by it. It can check the reflexes which maintain its normal posture, it can lie down, it can prevent itself from scratching, it can even hold its breath, and it must be able to do this if there is to be free play for all the varied activity which the cerebrum produces.

The difference is, no doubt, one of degree. The complex activities of the intact animal must be related ultimately to the environment, but the difference is that the control is much less immediate, depending on a vast number of interwoven factors. The difference is so great that we might expect to find a different kind of nervous organization at work—not merely a more complicated version of the reflex machinery. What we do find, what Berger demonstrated in man, is the continued electrical pulsation in the

nerve cells of the brain, modified by and interacting with the signals which arrive from the sense organs, but not immediately dependent on them. We find too that the cells in the brain behave differently from those in the lower parts of the nervous system, in that their response is no longer dead-beat, but may continue for some time after the stimulus is over and may sometimes continue indefinitely once it has been started.

There is some uncertainty as to the origin of this continued activity. It may depend on an arrangement of nervous pathways into self-exciting circuits, the elements being no different from those in other parts of the nervous system, or it may be that the cells of the brain are less stable, that they are much nearer the condition in which they would discharge spontaneously, like ciliated cells or heart muscle. This is a physiological problem which need not concern us. Whichever view is right, the essential difference between the nervous organization of the cerebrum and that of the simple reflex pathways seems to be expressed by this tendency to cell discharge which maintains itself indefinitely in a vast mass of cell groups. Thus in the brain the effect of an afferent message will be like that of an exhortation to a noisy crowd whereas in the reflex pathways it will be like that of an order to a silent and obedient regiment.

For evidence of this we must go to the animal as well as to the human brain. The α rhythm of the human electroencephalogram is a simple and fairly uniform pulsation with a fixed rhythm and not much change in magnitude. It seems to be the characteristic rhythm of parts of the brain which are not in full use, for in animals it is clearly related to the sleepy, placid condition and in man visual attention must be excluded if it is to appear. We can regard it as a sign of the constant transformation of energy in the brain, but as a sign of the transformations which take place in repose. Some parts of the brain may remain in this kind of repose when other parts are fully active: in the active parts, however, the rhythms are faster and much more variable from moment to moment and from point to point.

Looking at the ceaseless electrical oscillations which take place even in the brain of an anaesthetized animal, one can scarcely avoid coupling together the continued activity of the mind and this constant discharging of the cortical cells. The cerebral part of the nervous system seems to be so constituted that it cannot keep quiet. Except in deep sleep where the whole system has a lower

output, the α rhythm is the nearest approach to quiet that can be achieved.

In the cell units of the brain, therefore, the kind of activity that takes place is at least not completely unlike what might have been inferred from a knowledge of the mental origins of behavior. The nervous organization no longer consists in the chains of conductors waiting passively to be fired off by the sense organs. It has a complex activity of its own made possible by its inherent structure and by the constant supply of energy at its disposal. But there is a further difference, for the behavior which it produces is not merely a much more varied stream of activity of the same kind as that in the reflex, brainless animal. A reflex may be thought of as an act directed to a particular purpose, but it has only one way of achieving it. In cerebral behavior, if one line of activity does not succeed, another one is substituted for it, and if all lines fail there may be emotional activity instead. It would be too much to expect that there would be any indications of this plasticity in the reactions of individual nerve cells, for we are dealing with the final product of the whole nervous organization. In whole animals, however, even though their nervous system is much simpler than ours, there are many examples of the substitution of one kind of activity for another when the first has failed in its purpose.

A physiological explanation is needed, for in many cases the mind, conscious or unconscious, can scarcely be involved. The simplest examples are in our own motor reactions, in our use of the left hand instead of the right if that is injured. A motor habit may be learned by using a particular set of muscles activated by particular nerve cells in the spinal cord; but if those muscles and nerve cells are out of action or are otherwise employed, the cerebrum makes use of some other muscle group. The nervous organization which allows this transference of activity to the most suitable motor pathway has a parallel on the sensory side as well. When we have learned to recognize a particular sensory pattern we can recognize it again, although quite different afferent pathways may be employed to signal its occurrence. Again there is no restriction to the original route.

A great deal of work has been done by experimental psychologists on the problems of sensory equivalence and attempts have been made, notably by Lashley, to decide what kind of nervous organization would be needed to account for them. At present, however, we are more concerned with the efferent side, with the nervous organization needed for movement rather than sensation,

since it is here that we might hope to find some parallel between the mental forces that control behavior and the physical events in the nervous system. It must be admitted, I am afraid, that on the physiological side all that we can really claim is that we have become aware of the problem. The problem is to explain how fresh activity arises, how it is directed to a particular purpose, to an immediate or a far distant aim, and why it ceases when the aim is achieved. We have this mass of nerve cells in our brain in constant ferment, stirred up from time to time by the sense organs but drawing its energy from itself. Out of the general flux there will arise from time to time some localized disturbance, a repeated pattern of particular rhythms which tends to maintain itself. We must suppose that the particular configuration of this nervous pattern will determine a particular course of action. To take the simplest case let us suppose that the action is no more complex than that involved in moving the body from one place to another or in lifting a weight. Now, as a rule, the disturbance, the new pattern of rhythms in the nerve cells must remain a spur to activity until the movement is accomplished and until then the activity will flow through whatever channels are necessary. It will be necessary, for instance, to engage one group of muscle fibres after another as the weight comes up or as the body moves forward. The activity will continue until the appropriate sequence of afferent impulses has signalled the accomplishment of the act, the arrival of the body in its new position, and we know that at each stage the sense organs will be sending in reports about the progress of the movement. These reports to the brain will reach and will probably modify the nerve cell disturbance which is the source of activity and in the end they will succeed in modifying it out of existence. On this view the nervous origin or counterpart of the urge to some particular kind of behavior will be a focus of disturbance in the brain, a new pattern of rhythmic oscillation, which is so constituted that it will continue to arouse one kind of activity after another until it has been dissipated by the appearance of the particular afferent pattern which can neutralize it, and the neutralization will occur when the afferent pattern is the sensory counterpart of the behavior which was implicit in the disturbing pattern. The two patterns will then cancel out.

A formulation of this kind will apply only to relatively simple trends of behavior, scarcely to those in which a number of trials of different actions must be made before the solution is reached.

But the dissipation of the disturbance by the production of its counterpart on the afferent side is worth considering because there are a good many examples of such a process even in the purely reflex mechanisms of the nervous system.

One such example forms an interesting link with the early history of psychoanalysis, for it was discovered by Hering and Breuer, the Joseph Breuer whose observations on a case of hysteria were the starting point of the Freudian system. Repressed memories of the Hering-Breuer reflex must form part of the unconscious equipment of all who have studied medicine. It is the reflex that controls the periodic movements of breathing by afferent impulses carried by the vagus to signal the expansion of the lungs. These impulses cut short the period of activity in the respiratory centre which brings the expansion about. They are the signals showing that the activity has achieved its aim. They signal the expansion of the lungs and quench the nervous discharge which made the lungs expand.

It may be a mistake to suppose that this backsignalling mechanism from the sense organs must always be involved in ending the tension, in quenching the disturbance in the brain which forces a particular line of behavior. For example, breathing is still rhythmic after the vagi are cut, but there are many examples where reflex behavior is completely guided by the sensory patterns produced at each stage. In many animals locomotion and posture are controlled in this way, and it seems a reasonable extension of the idea to suppose that cerebral or conscious behavior must have the same kind of neural mechanism for directing the flow of activity into one channel after another and bringing it to an end when the object is achieved.

We may think, then, of the physical source of an act as a more or less stable pattern of electrical eddies forming itself in some part of the brain out of the constantly varying background of discharging cells. The pattern, like a system of ripples, may expand and dominate the brain for the time being or it may remain in the larval form, ready to grow when the conditions are favorable to it. When they are, it will spread into fresh areas as one set of nerve cells after another becomes involved in the pattern and eventually it will attain the necessary intensity to be associated with the emergence into consciousness of the idea which corresponds to its particular configuration, or to some parts of it. The motor activity which follows will be determined by the nature of the

pattern and by all the conflicting claims to action which must also be satisfied. Partial achievement may be all that is possible, but as achievement is approached the sensory signals to the brain will dissipate the tension by providing a pattern that is in some way the inverse of the first. The two patterns will cancel and the field will be left clear for others to form.

This is the sort of picture to which we are led by the recent developments of neuropsychology. It could be elaborated to include a great many nervous and mental phenomena, repression, transference of affect and so on. It has, of course, the cardinal difficulty of trying to equate the brain and the mind, but if we can swallow a nervous pattern as the equivalent of a thought the picture does not seem too fanciful. Its chief merit, perhaps, is as a sign of good intentions on the part of the neurologists for it is probably only one stage nearer the truth than the diagrams of nerve centres which were current at the beginning of the century. Certainly it has far less validity than the description of mental processes used in psychoanalysis, for it is much further from the observed facts.

It is a far cry from the nerve cell or even the cerebral hemisphere to the thoughts and desires of mankind and it would be scarcely worth speculating about their connection if it were not that the Freudian system invites it, by its insistence on the scientific analysis of mental forces. It is true also that by concentrating attention on the parts, the apparatus of nerve cells and sense organs, instead of on the whole organism, one is limited to the beginning and end of the activity. It would be mere guesswork at this stage to discuss the exact neural counterpart of such factors as conflict and repression or to try to assign one role to the cortex and another to the basal ganglia. Yet we shall have to do so before long, for the experiments of neurosurgery on the one hand and of animal psychology on the other are rapidly forcing the issue. The effects of a frontal leucotomy on the patient's outlook needs a physiological explanation and it is likely to come from work on habit formation and neurosis in animals, work which leads both toward the physiology of nervous tissues and the psychology of man. Masserman's attractive study of the frustrated cat and how to treat it shows the value of such a dual outlook. Unfortunately there are few people who have a wide enough range of knowledge to sustain it, but the leaders of psychoanalysis have set us an example by the range of their interests. Dr. Ernest Jones is a philologist as well as

a psychoanalyst, and since, like Freud, he began as a neurologist as well, he will realize the difficulty I have had in finding words and ideas suitable to this occasion. Yet I hope he will also realize that neurophysiologists are not unmindful of what he has done to bring the mind within the compass of natural science.

MODERN CONCEPTS OF WAR NEUROSES*

By Brigadier General WILLIAM C. MENNINGER, M.C., A.U.S.
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As a conservative estimate, there are at least a million more people in this country tonight than there were three years ago, who have heard of, have dealt with, or are personally concerned with that medical entity called psychoneurosis. Many millions more are familiar with pseudonyms for this illness—operational fatigue, combat fatigue, combat exhaustion. From the language of the G. I., one could add more terms descriptive of neurotic reactions such as gang plank jitters, slap happy, bomb happy, reple deple exhaustion and so forth. We in medicine are confronted with the fact that the membership of the military and their families at home have become increasingly educated on this subject, for better or worse, during the last three years. It is now a paramount responsibility of the medical profession, not only to correct much of the misinformation that exists, but far more important, to understand and effectively treat this illness. There are many former soldiers among the three hundred thousand odd veterans who have been discharged from the Army because of this illness who will need medical help.

There is a certain incongruity in the fact that it was the war which directed such a bright spotlight onto neurotic illness. Certainly no medical condition which occurs in civilian life can compare in incidence with the psychoneurotic problem, the origin of which lies in the conflicts caused by the pressure of everyday activity, the competitive nature of economic and social life. About 50 per cent of all who go to a physician present primarily emotional difficulties that correctly classified are some type of psychoneurotic re-

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action to the problems in their lives. With this civilian background, it is not surprising that the strenuous existence of the Army precipitates further neurotic expressions. Thus, life in the Armed Forces focused conspicuous attention on this characteristic of the American people.

Even more significant than the large number of individuals who are diagnosed by the doctor as psychoneurotic, is that sizeable segment of the populace which makes a difficult adjustment to life, though never develops a neurosis. They manage to get along reasonably well only because of some sort of support, some special indulgence, some particular type of relationship. There are many variations in such adjustments—the husband who lets his wife assume the masculine role, the wife who plays this role, the joiner and the hermit, the braggart and the gossip, the daredevil and the timid soul. They are the objects of our observation and comments in the closed circle of friends and family. They are not patients of any doctor and may be productive members of the community. They are, nevertheless, neurotic. We, those of us with any psychiatric insight, should not fail to appreciate that all the rest of us make use of neurotic defenses to some degree; always when under special stress of the environment and often when the stress is entirely internal.

With the psychoneuroses and the neurotic adjustment reactions, psychiatry is familiar. The growth in our knowledge of the understanding of the anatomy and the physiology of the personality has given us a reasonably clear picture of the mechanisms behind such relationships and behavior. It is the consensus of the great majority of the psychiatrists in the Army and the Navy, that the same mechanisms are operative in the military and that the same clinical pictures occur as we see in civilian life. Essentially, the response is the same when John Smith cannot adjust himself to the family at home or the artificially created family situation in the Army; when Paul Jones cannot stand the tempo of the factory and is unable to stand that of the Army.

There is, however, a group of reactions in the Army which does deserve special consideration because of certain features in the dynamics of its development that are characteristic. There are personality disorders occurring in the course of combat which, though not new, are at least different from those customarily seen in civilian psychiatric practice. It is this limited field to which I shall devote my attention.

BACKGROUND FOR UNDERSTANDING COMBAT EXHAUSTION

A prerequisite for understanding either pathological processes or pathological states is a knowledge of the normal. This entails not only anatomy but physiology and applies to the psyche as well as to the soma. In spite of the difficulty of condensing such an explanation into the time allotted here, it seems desirable to set forth certain fundamental facts regarding the personality and its functioning that are well known to dynamically oriented psychiatrists, in view of the fact that the main point of this discussion is psychopathology.

A child is born, as any other quadruped, primitive, cannibalistic, asocial and uninhibited. The personality at birth is endowed with the two recognized fundamental drives of aggressiveness and erotism, perhaps more broadly described as destructive and constructive urges, as hostility and love. With growth and training the personality develops its individuality with a conscious regulating portion which becomes the ego. The child learns to curb his instinctive infantile behavior through the training and supervision of his parents. Initially all restraint is exercised by these external powers. The child learns to control his aggression and is rewarded with love. Beginning in his early childhood, he unconsciously incorporates this control function within his own personality as his conscience.

When the personality is mature, failure on the part of the ego to control the aggressive impulse is always accompanied by anxiety. Consequently anxiety comes to be a signal of disturbance within the personality. The impulse acts as a threat to the security of the ego which has from experience the foreknowledge of the disapproval from the conscience. The picture becomes complicated when there is, in addition to the internal threat, an external threat in the form of danger. Psychiatrically, it may or may not be rather simple to differentiate anxiety which arises because of a disturbance within the personality from the apprehension or fear that arises from the external situation. Thus, the compulsive individual often may manifest anxiety without any external danger or threat. In some instances, we see great apprehension or fear due entirely to external danger which superficially may resemble anxiety. Or they may be combined, as in the case of the combat soldier.

Thus in a very over-simplified condensation of the dynamics of anxiety, we see that its origin is the unconscious aggressive impulses which threaten the ego which if it fails to control them is

criticized by the conscience. The conscience also becomes of special significance to the combat soldier, in that its critical faculties of certain behavior are relaxed and its individual idealism or code is, to some degree, displaced by the group code. Its development, and in fact the development of the total personality, is subject to many variations with numerous potent influential factors.

The relationships of the soldier with his father and with his siblings may both greatly influence his acceptance of his military role. Ideally the child likens himself to his father, following an initial and important struggle in his orientation toward authority. When this identification has been relatively smooth, the son accepts the role of submission to this father authority, becomes dependent upon him and borrows psychological strength from the process. Where the ideal role has varied and the son has developed no identification, where he has continued to resent the father and his authority, one must expect difficulty in all subsequent situations where the individual must be subservient to a father figure. This has frequently been encountered in the adjustment of the soldier to his leader and is of special significance for the man in combat. Except as eccentric daredevils, such soldiers are a liability in combat, but only a small minority fall in this category. The great majority transfer their original unconscious relationship toward the father to their commanding officer.

Further complications in the development of the personality are of special importance in some soldiers. Even in ideal maturity, recognized unconscious patterns of reaction exist between siblings. Associated with these are positive and negative feelings of affection and hostility. In the soldier's situation, the buddy may unconsciously come to represent a particular sibling and his reactions are, to some degree, predetermined by his relations to his true sibling. Sometimes there is a strong attachment with minimal negative feelings and sometimes a strong attachment despite strong negative feelings. Army life in itself is often conducive to very strong attachments between men. They share training, experiences and dangers. When one is wounded or killed, such experiences alone may explain much of the reaction. On the other hand, where a previous sibling relationship existed in which there was unconscious hostility, this may be the chief determining factor in the symptomatology of a breakdown. One must postulate that in all cases, the early family relationships condition the soldier's behavior toward his associates.

One must not ignore other factors operative during the forma-

tive period which have also influenced the pattern of the soldier's personality. These make up the total social environment in which he grew up to function as an individual. Civilization represents an extension of the original parental influence as a curb of the primitive man, which aims toward social maturity of his group. For the soldiers in this war, there were many special national problems and attitudes present which directly influenced their childhood and adolescence. Some of these were parental unemployment, the struggle of democracy versus dictatorship, an isolationism in attitudes of our people toward the rest of the world. There were the good and the bad effects of radio, screen and transportation speed which developed concurrently with the soldiers of this war.

In addition, the tradition of the American culture is to produce a personality with emphasis on individualism and independence. Deeply ingrained self-respect and a high degree of self-determinism were American characteristics and these were coupled with a free and unrestricted privilege of self-expression. Such were the influences to which the personalities of our soldiers were subject.

NEW ENVIRONMENTAL STRESSES IN BECOMING A SOLDIER

Pearl Harbor caught us unprepared to aggressively express ourselves in war against another nation. In contrast to the belabored debate of the months preceding, as to whether or not the show in Europe was any affair of ours, the psychological effect of Pearl Harbor on the nation was to cement us into a singularly unified attitude. Unfortunately, before many months had passed, that unanimity of opinion and determination of purpose became somewhat decimated and vague. At the same time, men were regularly and speedily taken into the Army in large numbers. What was their motivation as they joined the Army? One has to conclude that in a great majority of instances these men, being law-abiding citizens, came in because it was the will of the country. Not a few had a resigned attitude, and undoubtedly the lack of emotional tone in the populace at large led many to feel that fate had played them a poor game. They went because it was their duty, but rarely with enthusiasm or conviction.

When the man became a soldier, there were changes in his external situation which demanded major readjustment. He gave up his normal gratifications almost entirely. He had to accept separation from his family, his home, his job, his friends, with little in prospect except the possibility of adventure. He had to give up his individual identity and become a member on a team,

with the only reward being his identification with that team. He had to accept severe privations in return for very restricted gratification.

For that group of men who had to go into combat, there was another series of adjustments required, those for which there is no parallel in kind or degree in civilian life. The personal danger surrounding the combat soldier made all other adjustments pale into relative insignificance. The necessity of throwing over all previous ideals, not only of his own conscience but of the group conscience to accept the requisite of killing to avoid being killed was a greater change than many people realize. Frustration was a daily part of his life, sometimes in the form of waiting—days, weeks, months; sometimes in the deprivation of essential supplies. Confusion was routine in his life and the noise and whistles and flares of battle are beyond the imagination of anyone who has not heard and seen them. Insecurity was constant, not only in his personal doubts of himself, but also the doubts regarding his orders, doubts about the leader's ability, and knowledge, doubts as to whether the higher-ups understood and would act, or permit him to act. In addition to all this, was the extreme physical discomfort, the loss of companions, the ever present pain and death.

All of these factors operated on the personality and it is amazing that so many American men tolerated them so effectively. There were comparatively few compensations, few supports against all these pressures. But without question it was these supports that enabled them to function. Probably the most important of them was the leadership of the unit. Psychologically the leader is well recognized as representing the strong father figure who is interested in the individual, who is looking out for him, who is considering him, who knows what he can do and actually leads him. Nearly as important as the leadership, however, was the group identification, the esprit de corps created by close association, the common aim and mutual sacrifice. Many soldiers freely admitted that it was chiefly because of their feelings of loyalty and devotion to their associates that enabled them to go on. Their individual civilian-life conscience was displaced by a group conscience, which served both in a positive and negative fashion. Positively it gave them permission to kill, a behavior antithetical to their entire life ethics and training. Only through group permission and approval could they do it and even then it was often very difficult. The group conscience supported them in a negative way—it prevented them from quitting because of the fear of group disapproval. The

close personal attachment to and dependence of a soldier on one or more members of his group, his buddies, was a very important force in maintaining his combat ability.

Other definite aids to the withstanding of the external stresses of combat were the soldier's training in discipline and obedience and along with it the confidence in his own ability and in his weapons which was developed through such training. He was sustained by his own physiological responses, the result of stimulation by excitement of the autonomic nervous system which enabled him to be aggressive. A minor, but in some instances an important re-enforcement, was the glorification of the mission in which he was partaking, a glorification which in the extreme made even death seem a little less unattractive; at least he faced the prospect of a hero's death.

PSYCHOLOGICAL CHANGES IN A SOLDIER TO MEET THESE EXTERNAL CHANGES

While one may enumerate the various supports and compensations which helped make a soldier able to face combat, they alone were not enough. Less apparent dynamic changes in the personality were necessary to effect adjustment. It is important to recognize that in the majority of instances these changes are unconscious and therefore automatic, but without a doubt must occur for the individual to effectively meet the demands made upon him. The first of these is to change from his civilian independence with initiative and self-expression to a dependent role of submission to leadership orders and group requirements. Granted that the soldier has an opportunity, in a limited degree, to develop his individuality in certain isolated instances, the winning of a battle demands that the good soldier rely on his superior, and that he accept and carry out his superior's orders promptly and exactly. He must therefore accept a predominately dependent emotional role. This acceptance, while difficult for some, is welcomed by others. In any event this change may bring unconscious satisfaction in that it requires the man to shed responsibility, to live on the decisions of others, to have his daily life planned, to passively be the recipient of his food, his clothing, his shelter, such as it is.

This passive relationship grows more rapidly and becomes acceptable when the soldier feels secure through his confidence in the symbolically all-knowing, all-powerful father, his commanding officer. Subservient to this officer and under his direction he learns to modify a lifelong constructive drive in order to allow the

functioning of a primitive, destructive one. Only with this help can the average man shift from a constructive civilian life to a chiefly destructive soldier life. Even so, the change is so difficult that severe psychological problems arise.

Many soldiers never had to make the psychological adjustment to the process of actual killing and seeing the result of their aggression. The bombardiers, the artillerymen rarely, if ever, saw the result of their work at close hand. In contrast, the infantry soldier often, if not regularly, was in a position to observe his effectiveness. Because of this there were many instances when soldiers who could not bring themselves to kill, even under the pressure of facing leader and group censorship, became ill from the psychological conflict involved. In other instances, a soldier might reach a saturation point, a limit to his ability "to take it"—referring specifically to his necessity to kill.

Other factors come in play in those occasional situations where hand to hand combat takes place. There the imminent external threat is sufficient to overcome the influences of the conscience, even in those who under less threatening circumstances found difficulty in killing.

Another dynamic change in the functioning of the soldier's personality is the necessity to shift his investment of affection from individuals to a group. Throughout his life he has had a fixed and more or less constant association with certain individuals—mother, father, siblings, wife, children, long-time friends, with whom he has shared love and interest. They have been, quite literally, his world. These he must temporarily set aside and from them he must shift, for his immediate investment of affection and return of interest, to a strange heterogeneous group of men, to a diffuse group love in contrast to his previously specific individual love. Certain members of the unit gradually become his inner circle, and maybe his chief support, but the major identification for an effective unit must be made with the group and he must fuse himself with it.

This review of the dynamic forces in the life of the soldier about to go into conflict indicates that he must accept an emotional regression to an earlier developmental stage in order to permit his acceptance of the essential dependent passive role. This does not imply that he must make an intellectual regression or that the whole procedure is accomplished with considerable insight. It is nonetheless through such regressions that he can mobilize and express the primitive aggressive drive present in everyone of us

which is essential to the functioning of a fighting man. This regression in no sense lessens his need to protect himself and undoubtedly the external threat is a major stimulus to the expression of this aggressive drive. It is through the full approval of the good (father) leader that the dictates of the individual and personal conscience can be ignored. If either the leader or the group approval is not constant, the soldier's main psychological support is lost. Consequently, we must recognize that the soldier, even before he starts combat, is in the predicament that not only is he faced with an extremely dangerous external threat but with a potential internal threat.

THE DEVELOPMENT OF A NEUROPSYCHIATRIC REACTION IN COMBAT

One must see the combat casualties in this stage setting. In general, there are two large groups of reactions with no sharp dividing line: first, those individuals who are grossly predisposed to maladjustment, and second, those with minor or no apparent predisposition. In the first group, the combat casualty presents a familiar neurotic response, similar to the picture seen in civilian life. Even though the soldier had succeeded in making a passable adjustment to all his pre-combat training, the stress, and usually some specific feature of combat upset the balance of his equilibrium. Such patients initially present typically neurotic defenses—conversions, obsessions, psychosomatic complaints, and the like.

In both of these groups one may observe various devices used to protect the individual against his anxiety. Many soldiers adopted a fatalistic attitude expressed in the remark: "One of them has my number on it and when it comes, it comes." The utilization of omens, charms was common. These all represented a magic protection of the ego and were common to all soldiers. One could discern cumulative effects of various events although the anxiety is controlled. With increasing fatigue, one might often note a slight impairment of the individual's judgment, his tendency to carry out repetitive activity, such as jumping in a fox hole without adequate testing of the reality situation. Such automatic responses were even active in places of relative safety. In many instances a narrow escape, the death of a platoon member were contributory. A very common observation was the case of a wounded man who only began to develop anxiety as his wound healed and he was confronted with a return to combat duty.

A second group of soldiers, certainly the majority, appear, at least superficially, to be normal personalities reacting to abnormal

stress. They give no history of previous maladjustment in civilian life, no history of distress to themselves or their family. However, these soldiers must have some predisposition, minor though it may be. Undoubtedly, the outcome of their reaction to combat depends on the degree of this predisposition. It is gratifying to know that the majority, probably the great majority, responded sufficiently under appropriate treatment to permit them to carry on. That their experience leaves scars, there is no doubt, but certainly in many, these scars are not sufficient to seriously or permanently disable them. Our figures indicated that 60 per cent of the psychiatric casualties from combat were able to return again to service in the Army area, and at least 50 per cent of these, in certain instances more, returned to actual fighting. We should have no illusions, however, about this group. The Army medical officer's function was to return the soldier to duty. Neuropsychiatric casualties, if adequately rehabilitated, were no less expendable than rehabilitated surgical casualties. If they were well enough to do further duty, that was their assignment, and many carried on indefinitely. The permanent effect of the Army experience, and specifically that of combat, on their personalities will only be known with the passage of time.

There is also a group of men, in whom the predisposition, even though not apparent on the surface, was serious enough so that they did not respond quickly to treatment. An additional larger number showed a delayed reaction; they completed their tour of duty and only then, under different circumstances, perhaps as they returned home, did their psychological battle scars manifest themselves. In every instance of these delayed reactions, there is very good evidence to believe that there was a specificity for the individual in the final event or situation which served as the precipitating factor.

Grinker and his co-workers very adequately describe the various types of regressive pictures based on their chief symptomatic expressions under the groups of passive dependency, psychosomatic reactions, guilt and depressive reactions, aggressive and hostile reactions and psychotic-like states.

The immediate clinical picture was colored far more by the combat situation than by the individual's particular personality. This was as true of the man who broke down in the first few days as of the man who broke after many months of combat. Their clinical pictures were remarkably similar. From a psychological point of view, such reactions were the result of cumulative stress.

In both cases the man had reached his limit as a result of physical fatigue, the continuous threat to life, the single or repeated psychological traumata, all of which had exceeded his capacity to handle.

The clinical picture has been described by several combat experienced psychiatrists. The prodromal symptoms are most frequently irritability and disturbance of sleep. The individual is aware of his increased sensitivity, his "startle reaction", his involuntary self-protective motor responses to sudden noises. Sleep becomes disturbed because of sudden involuntary starting or leaping up because of noise stimuli or disturbing dreams. The soldier himself may recognize his symptoms or the man's behavior or change in personality becomes apparent to those about him. He may become more seclusive and silent, or on the contrary, more talkative; he may be restless, may smoke excessively if the opportunity permits. He is aware of an increased apprehensiveness but paradoxically is less able to concentrate. He frequently shows somatic symptoms such as mild tremor, incontinence of urine or feces.

There was a monotony in both the complaints and the symptoms as seen by the physician in the aid station or by the psychiatrist at the clearing station. The complaints differed depending upon the stage of personality disorganization; in the majority of cases they followed a stereotyped pattern: "I just can't take it any more," "I can't stand those shells," "I just couldn't control myself." The symptoms varied only slightly from patient to patient. Whether it was the soldier who had experienced his baptism of fire or the older veteran who had just lost his comrades, the superficial result was very similar. Typically he appeared as a dejected, dirty, weary man. His facial expression was one of depression, sometimes tearful. Frequently his hands were trembling or jerking. Occasionally a man would display varying degrees of confusion, perhaps to the extent of being mute or staring into space. Very occasionally he might present classically hysterical symptoms. Some of them knew that they were "combat saturated" and that they might be through so far as fighting was concerned.

Such is the common immediate reaction, one that does not on its early symptomatology fit into any of our known diagnostic categories. For this reason, the widely used terms of combat exhaustion and operational fatigue have probably been very practical for their utilitarian aspect. They have the disadvantage of implying that physical exhaustion or fatigue plays a major role. It no doubt does contribute an influence, varying in different situations, but it

was never possible to set up a series of physiologic experiments which might have given some index as to its actual effect. On the basis of broad experience, it has been estimated that not more than 3 to 5 per cent of the reactions were due entirely to fatigue. In the other 95 to 97 per cent the condition was primarily a personality disturbance and was treated as such.

The commission of five civilian psychiatrists who visited the European Theater in April and May of this year¹ were united in their opinion that the picture of psychologic disorganization did not correspond either in its moderate or in its extreme form to any recognized or established psychiatric syndrome. They regarded the term "combat exhaustion" as a practical term to apply to this temporary condition, out of which various more definite and more familiar syndromes evolve. This diagnostic label does not apply beyond the initial state, and as such represents a transient psychiatric reaction to combat, that may or may not progress to a more clearly defined clinical entity. Consequently, it has no applicability beyond the immediate response. It does not apply to the further evolutionary stages, the typical psychoneuroses, nor does it apply to the delayed symptoms so often seen, those typically regressive phenomena, in men who have completed their tour of duty, which occur at a time when the support of the group and the leader is gone.

PSYCHODYNAMICS OF COMBAT EXHAUSTION

The psychodynamics of combat exhaustion include four significant features: the depleted ego strength, the specific precipitating trauma, the mobilized aggression and the loss of the ego supports in the form of leadership and group identification. The depleted ego strength, the ability of the conscious personality is in every case cumulative, regardless of the length of combat. One must assume that certain types of personalities can withstand stress over a longer period of time than others, but the breakdown of the soldier in combat, whether it is during his first week or his fifteenth month, is related to his ability to withstand the stress, plus the avoidance of any specific psychological trauma which would overbalance his ability to adjust to the external demands. However, the cumulative effect is a major factor, so that whenever the specific traumatic event does occur, it may in some cases appear trivial. Just as in civilian psychiatry, though it is often not possible to discern the specific precipitating factor in the production of mental illness,

¹ I. e., 1945.

there is much evidence to believe that it is always present. The soldier may or may not be able to describe certain events which may have been the final straw—the death of a comrade, the hopelessness of a particular assignment, a broken promise.

Two factors permitted the soldier to express his aggression. One of these was the external situation, the necessity either to kill or be killed. The other and probably the more significant, in the situations which were less immediately threatening, was the approval and command of the leader and the identity with the group which shared the common aim. When and if these psychological factors suddenly disappeared, one found the dependent ego with a high degree of activated aggression with no outlet to express it. In the very rare situation, the soldier might carry on alone; such were likely to be the winners of Congressional Medals of Honor. Much more often, with the loss of the leader and/or the group, the soldier was at a loss. The combination of his helplessness and his activated aggression invariably created anxiety.

It is the ego's normal function to maintain the integrity and equilibrium of the personality against both the external stress and the unconscious forces within the personality. It is helpful to think of the ego as having a given strength, of a strong or weak ego, of increased or decreased ego strength. In the combat soldier, the continuing effect of combat accumulates and drains the ego's ability to maintain balance. In the specific traumatic event of the final wound, it must attempt to control a powerful aggressive impulse which it can now do with only limited success. Its failure gives rise to anxiety which, if transformed into symptoms, comprises the clinical picture—the irritability, the sensitiveness and jumpiness, the depression, the inability to concentrate or accomplish even relatively simple tasks, the dreams which recur so characteristically in the combat psychoneurotic personality.

In many medical conditions, even the pathology represents an unhealthy attempt to rectify or alleviate the cause of that pathology. This phenomenon is even more pronounced in psychiatry in which the symptoms are, in a sense, an attempt at a solution of a conflict. A special characteristic of some mental symptoms is the tendency to repetition, so brilliantly described by Freud as a repetition compulsion. This process is a conspicuous feature of combat exhaustion and is perhaps best illustrated by frequent similar dreams. The dynamic significance of the dreams, in general, is that they are an effort of the unconscious to resolve the conflict by mobilizing the anxiety to expression. Because the whole dream process is uncon-

scious, the individual is not relieved and may be so disturbed by the dreams that the illness is aggravated. This creates a situation in which the individual is stimulated but is not permitted physical expression, and the more the physical expression is inhibited, the greater becomes the anxiety. Unless there is aid given to bring the conflict and its resolution to the conscious level and into reality, the neurosis continues. What was originally stimulated by an external threat becomes internalized and without help may become an insoluble vicious circle. The unconscious emotional pressure continues to produce anxiety in increasing amounts without conscious recognition of its causes.

CONCLUSIONS ABOUT THE WAR NEUROSIS

In summarizing the main features of the war neurosis discussed above, one needs to remind himself that this group of reactions to combat represents only a small percentage of the total psychiatric problem of the Army. It does not include the neurotic reactions occurring in basic training, on boarding ship, in sitting on a lonely South Sea island, in weathering a monsoon season in India. Nor does it include the 25 per cent of all types of discharges for psychiatric reasons because of warped character development. All of these groups are familiar to psychiatry and differ in no way from the same pictures in civilians except in the environmental situation in which they developed or became apparent. Very often they were revealed only because of that situation; they might have gone unnoticed in civil life.

Only combat reactions represent the true war neuroses. They too become apparent only because of the situation. They have been described as the normal response to abnormal situations in which the stress was far more severe than in civilian life. It is reasonable to assume that many men developed these reactions who might well have gone through civilian life without manifesting any gross maladjustment. Furthermore, many who did suffer from such traumatic experience apparently recovered quickly, even to the extent of successfully continuing the same severe test of adjustment.

In summarizing the dynamics of combat breakdowns, there would appear to be a combination of the severe cumulative external stress, a varying degree of predisposition, a peculiar psychological setting in which the combat soldier functions and a specificity of some particular event which precipitates the incapacitating result. Any or all of these may vary in each individual case, some

of them being all important in one instance and inconspicuous in another. When the final straw is placed on the soldier's back, the immediate result appears very similar in all cases. Fortunately, with relatively little help the majority promptly readjust. For the remainder, and numerically the group is large, there was and will be need for further psychiatric treatment.

Only as we understand these dynamics can we understand the symptoms which we may see in the veteran patient. His weakened ego cannot handle the aggressive forces which have been activated. His solution is to regress to simpler functioning level. In some cases, instead of returning to his normal adjustment he remains in the regressed stage of development where he can express his passive dependency, his depression, his hostile reactions, his somatic complaints. He cannot explain his symptoms—his feeling of helplessness, his stomach disorder, his irritability and impatience, his tendency to fly off the handle, his failure to find satisfaction, his resentfulness of all but his own group. Some will return to civilian life with a tendency to feel that no one understands and with latent, or expressed, paranoid attitudes. They do return, in a sense, to a foreign atmosphere but their attitudes are not caused so much by this fact as by their personalities which are heavily burdened with the conflicts arising from their battle experience.

With this understanding on the part of the physician, treatment must be directed toward integrating the individual into his pre-war identifications and satisfactions. If he comes with emotional problems, with pent-up resentment which he cannot manage, these must obviously be released. With this release must come insight through psychotherapy, not only into the immediate situation but into the origin of these emotions in their relation to previously formed personality patterns. What is the treatment and by whom should it be given? No simple set of rules can be laid down but some patients are going to require expert psychiatric care and others can certainly be helped and probably readjusted by the intelligent, sympathetic physician who has some psychiatric orientation. In other words, some patients, to borrow an analogy from surgery, will need major and others minor psychiatric procedures. The former should be carried on by an experienced psychiatrist, the latter could be adequately directed by a general practitioner or a specialist in another field.

One might generalize by saying that if the patient has made an attempt to fit into his civilian situation and is consciously aware of his symptoms, is preoccupied with his traumatic experi-

ences in the Army, has recurring disturbing dreams, the chances are that he should see a psychiatrist. Just what the treatment would be is hardly within the province of this presentation. In the Army, we have found that psychotherapy under sedation is a valuable short-cut to relieve the pent-up emotion. Hypnosis has also proven to be an effective therapeutic tool for this purpose. In both of these types of treatment, the ultimate success depends upon the skill and the knowledge of the psychotherapist.

On the other hand, if the patient is exhibiting minor evidences of anxiety in the form of restlessness, minor physical complaints or problems of adjustment to the people around him, it is very likely that the general practitioner can and should help meet these problems. In so doing, he needs to appreciate that sometimes he can help directly by merely being a good listener and pointing out the inconsistencies, the discrepancies in the man's thinking and feeling processes. Very often he can make positive suggestions with regard to the manipulation of the environment. If one could insure sufficient family affection, economic and social security, easily accessible ego gratifications and good physical health, many of these veterans would be helped if not entirely rehabilitated.

When one takes into consideration the fact that 315,000 soldiers have been discharged from the Army for neuropsychiatric reasons, he may grasp the importance of this problem as a post-war challenge to medicine. A fair percentage of these have had combat experience and will present the dynamics and the clinical picture described in this presentation. It is to be hoped that all physicians will prepare themselves to accept and to treat what the Army medical officers discovered were among their biggest problems—the emotional factors in the production of illness.

THE ANTI-SEMITIC PERSONALITY*

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A RESEARCH REPORT¹

Our study² is concerned with the personality of those to whom anti-Semitic ideology appeals. What kinds of people adopt and become active carriers of anti-Semitic ideas? Why do they readily become—to use a term suggested by Ernst Kris—"scapegoat addicts"? What function, if any, has anti-Semitism in their personality structure? To approach these questions, detailed clinical study seemed necessary.

The major emphasis of the present paper is upon a number of individuals who were found to be extreme—"high" or "low"—in their readiness to accept anti-Semitic statements. Statistical data on the larger groups from which our individuals were selected will be presented as supporting evidence.³

The term personality as used here refers both to the behavior patterns and conscious convictions characteristic of a certain person and to the deeper, often unconscious, drives that motivate his behavior. Thus, in studying the personal factors in anti-Semitism it was necessary to use methods that reach different levels of personali-

* Reprinted from: *Anti-Semitism. A Social Disease*, Ernst Simmel, M.D., Ed., New York, International Universities Press, 1946.

¹ Some modifications have been made in this paper since its first reading at the Symposium on Anti-Semitism at the June 1944 meetings of the San Francisco Psychoanalytic Society and its subsequent separate publication in the *Journal of Psychology*, 1945, Vol. 20, 271-291, under the title: Some Personality Factors in Anti-Semitism.

² This paper is a report of research carried out jointly by the University of California Public Opinion Study and the Institute of Social Research, with the sponsorship of the Research Department of the American Jewish Committee.

³ This research will be more fully reported in a forthcoming volume by T. W. Adorno, E. Frenkel-Brunswik, D. J. Levinson, and R. N. Sanford.

ty: the social behavior and social philosophy, the conscious goals, hopes and fears, as well as the deeper and less rational layers.

The first step preparatory to the clinical studies was to administer what amounted to a test or scale on anti-Semitism (7)* to a group of approximately 100 university students, 76 of them women, members of an elementary course in psychology. The subjects were not asked to sign their names to the test blank. The test was introduced as a measure of public opinion without further specification. This test, a part of a broader questionnaire, was designed to measure the strength of an individual's tendency explicitly to accept or reject anti-Semitic statements and attitudes. The items include statements of common stereotypes about Jews, e.g., that Jews are personally offensive, unpleasant, and disturbing; that they are seclusive, clannish, and foreign; that they are over-assimilative, dangerous, threatening, or corrupting. There are also items suggesting that the Jews be avoided, excluded, and suppressed. Several degrees of agreement or disagreement with the statements are permitted the subject.

A high score on the scale indicates that in terms of the scale items the person in question is highly anti-Semitic on the explicit ideological level. That these high-scoring persons were likely to be actual or potential anti-Semites on the behavioral level, or anti-Semites in the deeper layer of their emotional life seemed confirmed by the interviews and other clinical data considered in the present paper. The terms "high" and "low" anti-Semite as used in this paper are defined exclusively by the responses to this explicit and direct anti-Semitism scale.

Accompanying the anti-Semitism scale was a second set of questions pertaining to public opinion, political adherence, group memberships and the like. This social-political part of the questionnaire was designed to throw light upon the question of whether anti-Semitism is an isolated attitude or a part of a more inclusive approach to social questions.

Thirdly, the questionnaire included a larger number of "projective" items. These questions, especially designed for group studies, provided an indirect approach to the subjects' goals, fears, and identifications. Examples are: "What great people, living or dead, do you admire most?"—"If you knew you had only six months to live, but could do just as you pleased during that period, how would you spend the time?" — "What might cause a person to

* Numbers in brackets refer to the bibliography, p. 264.

commit suicide?" — "If you were a parent, what things would you try to instill in your child?" and so forth.

The subsequent steps in the research program of which this report is a part represent in essence a mutual give-and-take between the questionnaire approach on the one hand and the clinical approach on the other. Selected individuals, chiefly from those obtaining extreme scores on the anti-Semitism scale, were subjected to interviews, the Thematic Apperception Test, and the Rorschach Test. The insights or hunches gained from this more intensive acquaintance with a few extreme subjects were used in revising the three parts of the questionnaire, in establishing categories for the evaluation of the "projective" part of the questionnaire, and in devising a new section of the questionnaire.

This new part of the questionnaire was a scale composed of items pertaining to such matters as conventionality, aggression and destructiveness, attitude toward the family, superstition, strength of the ego, and others. (A series of examples will be quoted throughout the present paper.) That factors of these kinds were connected with anti-Semitism had already been indicated by an analysis of subjects' responses in interviews, in the Thematic Apperception Test, and in the projective parts of earlier questionnaires. And these "indirect" items have in their turn, when administered to groups of subjects, furnished verification of some of the most basic tentative hypotheses developed in the course of the clinical studies.

Aside from the first group of 76 women, the validating procedures were based in part on the responses of a second group of 140 women, students in the Department of Public Speaking at the University of California, to whom the revised and augmented questionnaire had been given. All results reported here are to be considered contingent upon the special character of the student population represented by our sample and are further subject to the particulars involved in the case of our selected extremes.

The scattered *statistical data* referring to the verification of clinical hunches, to be found throughout this paper, are taken from an analysis of the upper and lower extreme 25 per cent — in terms of the direct anti-Semitism scale referred to above—of the various groups that had answered the older or newer form of the questionnaire. Some of the figures represent *critical ratios of the mean scores of the uppermost and lowermost quartiles* (with the number, *n*, characterizing the size of the first and the second group mentioned above, 76 and 140 respectively, added in parentheses); another type indicates the *rank of the items in the rank-order of*

discriminatory power of all items in the list as based on the differences of the mean scores of the quartiles just referred to. A few *correlation coefficients* are also referred to. The shifting from one group to another is due to the fact that partly different items were given to the two groups.

The main source of the present report, however, remains the clinical study of a relatively small group of "high extremes", "low extremes", as well as "intermediates"—in terms of the scale for overtly verbalized anti-Semitism—selected from the various groups taking the questionnaire in its various stages. The present paper is centered around the analysis of the records of 20 female college students, 8 of them high, 8 low, and 4 intermediate on the anti-Semitism scale,⁴ with the primary emphasis on the "highs". There is only brief reference to the records of men. The reason for this is the vast predominance of women in our various samples.

Several techniques were employed in studying the selected subjects. First, these subjects were asked to tell stories about a series of pictures which were presented to them in accordance with a procedure introduced by Murray (8) and known as the Thematic Apperception Test. This test is widely recognized as successful in uncovering such factors as attitudes—conscious or unconscious—toward parental figures and other people and toward one's own sex role, the general approach with which one meets the difficulties of life, the content of one's day dreams, and other unconscious fantasy material. We chose six pictures from the Murray set (Nos. 3, 8, and 10 and Nos. F₁, F₆, and F₇). In addition, we presented to our subject four pictures designed to elicit direct reactions to racial problems. One of them represents "Jewish-looking people" in a poor district, another an older Negro woman with a young Negro boy, the third, a young couple in zoot-suits, and the fourth, a lower class man, apparently in great fear, confronted by a policeman holding a billy-club.

After the stories had been obtained, the subjects were interviewed. These interviews were aimed at the following material: 1. Ideology, including such aspects as social and political attitudes, religious affiliations, attitudes toward one's profession, social status, money, and so forth. 2. General attitudes toward Jews and other minority groups. What spontaneous ideas and formulations on this issue could be elicited? Personal experiences with members of

⁴ The subjects of the clinical studies were from the extreme ends and from a narrow region around the mean of the distribution for the anti-Semitism scale. No other consideration entered into their selection.

minority groups. We wanted to see how far the general attitude was associated with specific contact. 3. Personal data, including as much as possible of the early history, images of father and mother, goals and aspirations, the pattern of aggression, dislikes, and so forth.

In line with recent psychological insights into personality mechanisms, the interview material was not taken at its face value; but rather, an attempt was made to interpret it with attention to the different deeper meanings that might be implicit in the same overt response. In our efforts to reconstruct the personality structure, the material from the Thematic Apperception Test was of great help.

To the individuals selected from the later groups of questionnaire subjects, the Rorschach test also was given.

Aside from the clinical records consisting of interview, Thematic Apperception Test, and Rorschach, some of the responses to the "projective" and "indirect" items from the questionnaire as described above are also quoted in this paper. In this case, however, the material is not only from the small clinical sample but from persons in the entire upper and lower extreme quartiles.

We may begin the discussion of our results with a brief reference to the social outlook of the subjects in our sample as established by the social-political part of the questionnaire as well as by the interviews. Within the limits of our material, subjects with high scores on anti-Semitism were found to be characterized by two major trends. First, they exhibited a kind of conservative attitude; although they showed few signs of having developed an organized social-political outlook, they tended automatically to support the status quo.⁵ In some instances this conservatism seems to be not a true conservatism but rather a pattern that is interwoven with tendencies toward change and even violence, that is, some of them seem to be in favor of an individualistic and arbitrary approach to public matters and they seem not to be reluctant to impose their will by force. Because of this attitude their form of conservatism was called "pseudo conservatism". Secondly, the approach of these subjects to social issues was found to be characterized generally by "ethnocentrism", that is, a tendency to hold in

⁵ Levinson and Sanford found that "Republicans have higher scores on anti-Semitism than Democrats (critical ratio, 2.81). Protestant sectarians and Catholics have higher scores than do non-religious, the non-sectarian 'Protestants', and our single Unitarian (critical ratio, 4.90), and sorority members have higher scores than do non-members (critical ratio, 4.57)".

high esteem one's own ethnic or social group, to keep it narrow, unmixed, and pure, and to reject everything that is different. When our more recent data are considered, the correlation between anti-Semitism and rejection of other minority groups is .75 ($n = 140$). The rejections are made in the name of what is supposed to be "right" or "good".

The relationship between conservatism and ethnocentrism is, however, by no means perfect ($r = .5$, $n = 140$). But there is apparently one kind of personality structure in which certain aspects of conservatism and certain aspects of ethnocentrism satisfy the same basic personality needs. This will become clear as we turn to our main task, the discussion of one type of personality for whom the social attitudes just discussed have an especial appeal.

The typical anti-Semitic girl differs in her appearance very markedly from those who are against anti-Semitism. Most girls in our limited sample of high extremes were very well groomed, their appearance being in the best middle class social tradition. This is in line with one of the findings of Levinson and Sanford (7) that the higher the income of the father, the greater the proportion of anti-Semites.⁶

The surface of most of these anti-Semitic girls appeared to be composed and untroubled. They seemed to be satisfied with themselves and with their situation generally. Their behavior was conventionally decorous. There are, however, indications that there is at the same time much doubt and feeling of insecurity beneath the surface. The girls were interested mainly in social standing and in an appropriate marriage. In spite of the fact that their families often had reached a comfortable measure of social status, their aspirations seemed still unsatisfied and there was much preoccupation with "social mobility", in themselves as well as in their families. It was difficult in the interviews to get much material from them. They were sensitive to this encroachment from outside, resistant to any "prying into their affairs". Aside from a mere resistance to talk about themselves, most of them seemed ill-equipped to do so. They seemed to have little familiarity with their inner lives, but rather a generally externalized orientation.

Our selected anti-Semitic girls declared without exception that they liked their parents. Though there was little concern about political issues, they seemed to take what convictions they did have

⁶ It should be added that the subjects were students in a State University, and therefore those with the highest income were still for the most part members of the middle class.

directly from their parents. This trend is supported by the finding of Levinson and Sanford (7) that anti-Semitic subjects reported less ideological friction with their parents than did those who were not anti-Semitic (critical ratio, 4.2). Furthermore, that anti-Semitic girls in general tend to show, at least on the surface, an uncritical devotion to their parents is revealed by the statistically significant inclination of those subjects to subscribe to the statement: "No sane, normal, decent person could ever think of hurting a close friend or relative." Likewise, they tend to agree that "he is indeed contemptible who does not feel an undying love, gratitude, and respect for his parents". (Critical ratio 3.7 for an n of 140.) Both items are from the new indirect questionnaire. A drastic example is that of a girl who lists her parents among the greatest people in history. Devotion and obedience is not only manifested toward parents, but toward authority in general. Thus our anti-Semitic subjects subscribe readily to the statement: "Obedience and respect for authority are the most important virtues children should learn." (Critical ratio 4.4, n of 140.)

While aggression is not verbalized toward the in-groups, it comes into the open as far as minority groups are concerned. While they report that they had but little personal experience with Jewish people, our selected anti-Semitic girls tended to regard the Jews as aggressive, dishonest, and dirty.

On all of these points the high extremes stood in contrast to the low extremes. The latter eight girls were predominantly nondescript in appearance, less at ease socially, possessed of varied interests, quite willing to talk about themselves and their situations, and able to make critical appraisals of their parents.

When the fantasy material and the projective responses of our anti-Semitic girls are considered, we find the following major trends that are rather in contrast to what these subjects present on the surface. In view of the fact that anti-Semites seem to be particularly unaware of their underlying motives, the results of these indirect approaches seem of particular importance.

(1) In the thematic apperceptions of these subjects, *aggressive* themes stand out. Not only is the preoccupation with *destruction* markedly more pronounced than in productions of the low extremes,⁷ but it appears to be relatively extreme by a more absolute

⁷ Recent counts of content elements and other characteristics of the stories told as responses to the pictures, made thus far on fifteen "high" and fifteen "low" subjects, substantiated the greater frequency of murder in the stories of the highs. For most of the other trends the clinical evidence reported here has likewise been confirmed by such counts (some examples are given below).

standard.⁸ And more than this, as will be noted in the examples that follow, it is usually men that are the victims of the aggression and are otherwise shown in an unfavorable light.

In story No. 1, of Case 6, a murder is supposedly committed; in story No. 3, the husband has lost both legs, and the father is mentioned only to tell us that he has been killed; in story No. 4, a man is being foiled and captured; in No. 5, a man has been killed; in story No. 6, the hero is being convicted and severely punished. Very similar are the stories of Case 4: in story No. 3, the father and son are both killed; in story No. 4, the man is a traitor; in story No. 5, he is sent to a concentration camp; in story No. 6, the hero is electrocuted; and in story No. 10, the hero is burned to death and the father killed in battle. Likewise, for Case 7, in story No. 5, the "boy friend" is killed in an accident; in story No. 9, a man is electrocuted; and in story No. 10, the boy "has some kind of physical handicap".

By way of contrast, in the stories of Case 1 and Case 13, both extremely low on anti-Semitism, nobody gets murdered or killed. On the whole, little aggression is manifested. In story No. 5, of Case 1, for instance, the heroine only hurts the feelings of her boy friend and then she has acute remorse. In story No. 3, "the man has a very nice, sensitive face, with a tender expression".

Furthermore, in response to the questionnaire items referring to "the worst punishments and the worst crimes", the nineteen girls in the upper quartile of the first group were willing to set down significantly more cruel and varied crimes and punishments than were those extremely low on anti-Semitism. Similarly, items testing the tendency toward cynicism or a vilification of human nature, such as "familiarity breeds contempt", or references to the dominating role of destructiveness or of personal profit, are subscribed to significantly more often by anti-Semitic subjects than by non-anti-Semites.

(2) It is interesting to note that the men in the stories of the

⁸ To say that a value of a variable is "marked" or "extreme" implies of course a conception of a norm. Unfortunately, empirically established norms for fantasy material are not yet available in print and in this clinical study we are unable to make precise quantitative comparisons. However, both of the authors have had the opportunity to study several thousand stories produced by various types of people, and they have had at hand objectively derived norms for individual pictures, for both sexes and for various age groups. (These latter have been worked out at the Institute of Child Welfare at the University of California.) The authors can only say that in their opinion the frequency and intensity of aggressive themes in the stories of our anti-Semitic girls is markedly above what from their experience they have come to regard as the average.

anti-Semitic girls are killed in battles and similar situations without any active participation on the part of the heroine. There is thus an emphasis on *externalized and physical causation* in the events described by these girls. They conceive of *fate* not only as threatening, but as providing care, protection, and support in critical situations. A predominantly external focus, as against an internal one, is seen throughout the reactions of the anti-Semites, e.g., their social anxiety, superstition, and the like. Here again they stand in contrast to the low extremes.

Thus for the new group of 140 subjects, there is a critical ratio of 4.4 between the upper and lower quartile (in terms of the explicit anti-Semitism scale) on the item: "Although many people may scoff, it may yet be shown that astrology can explain a lot of things." Similarly, there is a significantly greater readiness to react in the affirmative to such an item as: "It is more than a remarkable coincidence that Japan had an earthquake on Pearl Harbor Day, December 7, 1944," or to statements about the essential limitations of the natural sciences "in understanding many important things". The predominantly external focus is again seen in the reactions to the question of against what would one protect one's child. The subjects high on anti-Semitism mention significantly more often external dangers like bad people, accidents, and the like, whereas those low on anti-Semitism mention ego defects.

(3) An external fate or destiny is only one of the major forces in the world of the anti-Semites. Another is *social anxiety* as displayed primarily by a *conventional type of conscience*, one that is strict but not fully internalized. In the picture-stories of these subjects, a sharp differentiation is made between those people who are nice and have money, possessions, and power, and who possess the right attitudes and standards, on the one hand, and those who are bad, sinister, morally depraved, and live in slums, on the other. Much use is made of moralistic concepts, e.g., a boy is described as "sinful", reference is made to "a bad part of town", the zoot-suiters are bad because they allow their emotions to dominate. Breaches of this strict, moralistic code have to be severely punished, e.g., in one story a striker gets fifty years in the penitentiary. Anti-Semitic subjects seem to derive their security from subscribing to a conventional moral code. This code contains not only moralistic elements but also seems to include as its counterpart an emphasis on direct striving for social and economic success and prestige. Conformity to these external values is highly stressed.

In response to the question: "What is the most embarrassing

experience?" the girls in the upper quartile mentioned significantly more often than those in the lower quartile violations of manners and conventions in public, and situations in which they were caught and consequently suffered some blow to their prestige or narcissism. Those low on the anti-Semitism scale, however, report self-blame, feelings of inadequacy, failures in achievement and friendship, as the most embarrassing experiences. The critical ratio for this difference is 3.4 (referring to the first group of 76 girls). All through the questionnaire strict conformity to a superficial morality is manifested by the girls high on anti-Semitism. Anything that deviates from this pattern they tend to consider not only as different from themselves but as inferior, low, and immoral. (For further examples see below.)

(4) Connected with the conventional moral code is an emphasis on *religion and nationalism as a source of support that could substitute for genuine effort.*

Examples are: "One could say that this boy has been sinful . . . He is in bed and sees Christ in his dreams. Maybe it's a vision he has. From then on he is a model boy . . ." A second girl says: "Oh, I've got it. This woman, a girl of sixteen or nineteen, has had everything she wanted all of her life. She was born with a silver spoon in her mouth. Her family faces financial difficulties. The father dies when the girl is about eight. None of her relatives are interested. One day, being alone, she visits a church and appeals to God for companionship to pull her through these things. This picture shows her appeal to God." A third girl high on anti-Semitism says: "The little boy knows he must die, for there is no way out. He is praying and is getting strength for the ordeal ahead. He will be burned to death."

Those low on the anti-Semitism scale are by no means generally irreligious but religion takes another form. It seems to be experienced on a deeper level and imbued with the character of ethics and philosophy, rather than with the utilitarian touch characteristic of the highs who generally regard religion as a means rather than an end.

In answering the question: "What is the most awe-inspiring experience?" subjects in the upper quartile mention religious and patriotic experiences more often than do those in the lower quartile. The latter mention primarily achievement, beauty, and sensuality. The critical ratio for a total n of 76 is 3.0. Asked to list the great people they admire the most, the upper quartile names patriots, and people with power and control; whereas the lower quartile lists humanitarians, artists, and scientists. The critical ratio is

again 3. It seems generally true, on the basis of the interview material, that those scoring high on the anti-Semitism scale are primarily attracted by the strong man rather than by the political program as such.

(5) The high extremes show a certain *aversion against emotionality* or at least against the expression of certain basic needs. These needs are then often projected onto others, especially certain out-groups. In the stories of the high extremes, aggression and sex often appear in infantile forms, e.g. cruelty, and not exerted by the heroine herself with whom the girls identify. As was pointed out above, aggression in these cases is not directly manifested by the heroine, but is projected into the environment, or destiny, or "lower" people such as proletarians, Jews, Mexicans, and the like. These "inferior" people are seen not only as violent, but generally as uninhibited. Uninhibited sex life is regarded as a pleasure for a low type of person.

Examples are: "It is a young girl and her boy friend. They are lower class people, and don't know any better than to do this sort of thing. I have an aversion for the things such people do. They are thinking of getting married and are looking forward to a bright future; though I don't believe such people can ever make much of themselves. I don't believe in holding hands in public." Or, to quote another high extreme: "They will get married and will be very happy. They will have lots of little zoot-suiters." A third girl extremely high on the scale tells: "I think they (young couple of zoot-suiters) will marry young but will divorce before long. They allow their emotions to get too much in their way, which is bad in earlier marriage." A fourth says: "This girl and her boy friend are zoot-suiters and I don't approve of them. She goes out to dances, and so on. She is finally caught and brought into court." A fifth girl high on the scale says: "I could think of a low grade dance hall or something... the girl is the typical type of jitterbug—the kind who hangs around at the U.S.O. The couple has a nice time at the dance; that is, in that kind of way." A sixth example is: "They are not married and probably won't be... Well, they are more out for the fun of it. That is especially true of him. He doesn't want to be tied down." And to quote a seventh girl: "They are not really married, it's more of a common law affair. Why go through the ceremony, they said. You see, they don't change their ways very much."

These sentences express contempt and at the same time envy for the actual or imaginary lower class sexuality. An important tendency of the girls high on anti-Semitism is thus to keep one's basic impulses repressed, to keep oneself pure and reputable. Primitive needs are rendered ego-alien and projected onto an alien

group. The constant repression leads to a distortion of reality, which is chiefly manifested in the projective evaluation of minority groups.⁹

Manifestations of the mechanism of repression can be observed again and again. For instance, in responding to the question: "What would you do if you had only six months to live?" the girls high on anti-Semitism never mention sensual pleasures, while the low ones frequently do. "What would drive a person nuts?" The anti-Semites say irritations from without and, very significantly, "ideas which keep running in their heads". The fear is expressed that ideas might escape control and become dangerously independent.

Sexual strivings which are kept repressed have acquired a dangerous and sadistic connotation. The fantasies of the high extremes, in contrast to their conventional surface, seem often to be more primitive and cruel. To the picture representing a colored man with a policeman, one of the girls extremely high on anti-Semitism tells the following story: "This man has just been captured for a crime of strong brutality. He has a strong temper and attacked some girl. He beat her, raped her, killed her, and cut her up and threw her in the bushes . . . He will be convicted and sentenced to a life of hard labor." In this light it is not surprising that the most discriminating item between high and low extreme quartiles on the indirect questionnaire is the following: "Sex crimes, such as rape and attacks on children, deserve more than mere imprisonment; such criminals ought to be publicly whipped," with the high anti-Semites showing a strong tendency to agree.

The fact that a surface of *exaggerated moral strictness* is found in girls who in their fantasies show rather extreme aggression and, furthermore, *narcissism*, suggests that the mechanism of reaction-formation¹⁰ has had an important role in their personality development. For example, heroines of stories in which men have been crippled sometimes dedicate their lives to nursing these unfortun-

⁹ The fact that repression is one of the important conditions for the anti-Semitic attitude is also emphasized by O. Fenichel. (1) Several other relationships brought out in our material have been pointed out independently and in a different context in this fundamental paper by Fenichel.

¹⁰ By this psychoanalytic term is meant the reversal into the opposite of an unaccepted instinctual tendency. (2) For instance, hostility becomes disguised as overkindness, love for dirt as cleanliness. Exaggeration of the acquired attitude, and breaking through of the original attitude are some of the cues which make it possible to diagnose whether an attitude is genuine or the result of a reaction-formation.

ates. The fact that kindness, self-sacrifice, and charity are extolled in the context of thinly disguised hostility leads one strongly to suspect that the former is a reaction to the latter, especially so since we have evidence that in their daily lives these girls are definitely not warmhearted. Throughout their projective material the anti-Semitic girls were so insistent about cleanliness, good manners, and honesty as to lead one to raise the question whether these expressed values also were not based upon the inhibition of tendencies of an opposite character as well as upon imitation of social norms, concomitant with their general conventionalism.

All the defense mechanisms described have the very important function of reducing anxiety and conscious guilt. We find very little reference to conscious guilt in the anti-Semites whereas there is a great amount of conscious self-reproach in the low ones.

(6) In the thematic apperceptions of the anti-Semitic girls, there is a great deal of material which lends itself to the interpretation that *ambivalent attitudes toward parental figures*¹¹ are being expressed.

A picture showing an older woman and a younger one was especially suited for eliciting the subject's attitude toward the mother. One girl extremely high on anti-Semitism says: "I think it is an old woman, probably a mother. She is the voice of suspicion. The younger one is trying to look away while she is being talked to by her mother. The younger one is jealous and the old one is adding to her suspicions. She is wondering if everything is like her mother implies. There is a third woman taking away the young woman's husband. The mother is giving advice on how to get rid of the third one. Both are mean and indignant." Another high extreme says: "The mother has just told the daughter a falsehood and is trying to put something over on her . . . Something to do with a man the mother wants the daughter to marry. He is wealthy and the mother is in on a scheme with him. The daughter is too level-headed though and goes against the mother's wishes." A third says: "She wants to kill her husband because he doesn't give her enough money. He was ill a lot and she has to take care of him. She would like to murder him (here we see again the aggression against men), so that she can marry a wealthy man she has on the string, and live on easy street. She has not a strong enough character to do this, however. The evil looking woman behind her is tempting her. Both are evil and strong-willed. She goes ahead and does the dirty deed. I think the other old woman is her grandmother. She puts her up to this sort of thing. She is convicted and

¹¹ Aside from Fenichel, (1) Ernst Kris has repeatedly stressed that one of the functions of anti-Semitism is to overcome ambivalence by introducing a sharp division between the good and the bad.

given the death sentence." A fourth high extreme says: "This elderly woman has brought up her daughter to be extremely attractive and polished . . . This is the way the mother gets a lot of prestige—through the daughter. The mother starts a racket; the mother has the daughter mingle with the rich and sort of act as bait . . . The mother is a very clever woman and always manages to have all of her schemes work." And a fifth high extreme says in response to this same picture: "This is a lady living in an old house by herself. She heard it was haunted but didn't believe it. This is hard! She doesn't see anything unnatural about the house. The old lady behind her is a spook and will kill her. She turns around and runs from the house. She goes to the police and tells them the house is haunted."¹²

That girls who at the conscious level express only admiration and devotion toward their fathers and mothers should in their fantasies put such emphasis on hatred, meanness, jealousy, and suspicion when parental figures are being treated, strongly suggests that the attitudes of these subjects toward their parents are in reality mixtures of love and hate. Death of family members, especially parents, occurs more often in the stories of the "highs" as compared with "lows".

The story fragments just given also exemplify what seemed to us another common trend in the fantasies of our anti-Semitic girls, that is, a relative lack of spontaneous, warm human relationships and a tendency to use stereotyped—good or evil—characters. This is another indication that in these subjects the ability to love has been crippled by ambivalence.

In contrast to this pattern is the typical response to the picture of the older and the younger woman by the girls extremely low on anti-Semitism: "This is a young woman with her grandmother. Or is it symbolic of old age that awaits the young woman? The old woman foreshadows the future for her. The young woman's features are classic—Italian or Greek. The young woman is intelligent and well-poised. The young woman will take the old lady's place and the new generation will follow."

(7) There is, furthermore, evidence that can be interpreted as in accord with the *possibility of paranoid trends* in our subjects extremely high on anti-Semitism. They agree significantly more often than those low on the scale with the following statements: "To a greater extent than most people realize, our lives are

¹² Although the woman in the picture might suggest those characterizations, a recent count in thirty subjects strongly indicates that girls low on anti-Semitism see her in a much more favorable light than do the "highs".

governed by plots hatched in secret by politicians." And: "Nowadays when so many different kinds of people move around so much and mix together so freely, a person has to be especially careful to protect himself against infection and disease." It is interesting also to note that when asked to rank a number of activities in the order of their objectionableness, the anti-Semitic subjects often mention "prying" in the first place. In the stories we hear about the "voice of suspicion" and about haunted houses. There is frequent reference to exceptional mental states like insanity, trance, being under a spell, communicating with the dead, and the like.

In connection with the paranoid trends, there is furthermore evidence of confusion about sex roles.¹⁸ For example, in one story an old woman, after taking off her disguise, turns out to be a nice young man. In other stories men are crippled and have to be taken care of and therefore do not appear in a masculine role. Confusion about the sex roles appears especially marked in connection with the stories told about a picture of a hypnotist.

(8) The pattern of human relationships as seen by our anti-Semitic subjects is fundamentally a *matter of dominance or submission and the struggle of the two*. This can be seen throughout the stories but especially in the story about the picture of a hypnotist. Anti-Semites generally emphasize the complete subjugation of the hypnotized person shown in the picture, the hypnotist's misuse of his "super-human" powers in inducing evil or "queer" deeds, getting vital information, and so forth. By contrast the subjects low on anti-Semitism speak of a "demonstration in class".

(9) The anti-Semitic personality is characterized by *certain typical discrepancies between the overt and the covert layers of the personality*. As was shown above, on the manifest level our anti-Semitic girls express devotion to their parents; in their stories, on the other hand, the parental figures appear in a very unfavorable light. On the surface we find emphasis on high morals, kindness, and charity, and these values motivate, perhaps, some of the behavior; but there is much destructiveness in the indirect material. Likewise, there is "official optimism", on the one hand, and fear of catastrophes, on the other. There is conservatism as well as anarchism. There is the idea that everybody gets what he deserves, as well as doubt and cynicism. Belief in the supernatural is combined with materialistic striving for social status.

¹⁸ The relationship between homosexuality and paranoia, first seen by Freud, has been recently confirmed by statistical observation. (3)

Only brief reference shall be made here to a preliminary analysis of a further type of indirect material, Rorschach records, of some of our subjects.¹⁴ The following personality trends appear to characterize the high anti-Semitic groups of both sexes as contrasted with the low groups:¹⁵ those high on anti-Semitism tend to be intellectually underproductive, somewhat lower in intelligence and lacking in creative imagination. They are less interested in human beings as individuals and show a higher tendency to have hypochondriacal complaints or conversion symptoms. The analysis of the content of their responses suggests that the adoption of an aggressive attitude toward out-groups may stem from frustrations received (mainly at the hands of the mother-figure) in childhood. These frustrations seem to have produced unconscious inferiority feelings centering mainly about the castration complex (symbolized by the number of body parts seen as missing or cut off).

In addition to the above, the following trends were found to occur mainly in the high women: a strong tendency to make crude generalizations, stereotyped and conventional thinking associated with a marked lack of originality. At the same time there was less evidence of pronounced maladjustment than in the low group. The high women seem to be somewhat more troubled by fantasies of a castrating mother figure (witches), while the low women are more bothered by thoughts of sin and temptation (devils).

The high men, when compared with the low men, on both

¹⁴ This analysis was undertaken by Dr. Suzanne Reichard. The present description of the anti-Semitic personality as revealed by the Rorschach Test is quite tentative and based only on inspection, since an insufficient number of subjects were available at the time of writing to make a statistical analysis of the data worthwhile. The records grouped themselves as follows: eleven high anti-Semitic women; eight low women; eight high men; six low men. Because of the smaller number of men, the results are less clearcut and less reliable for men than for women.

¹⁵ For the sake of those interested in the technicalities of the Rorschach Test, the following explanation of the above conclusions is presented: intellectual underproductivity is represented by a small number of responses; lower intelligence by a smaller percentage of F+ and W+; lack of creative imagination by lack of M; lack of interest in human beings by lower percentage of human (H) responses; hypochondriacal complaints and conversion symptoms by a higher percentage of anatomical responses; tendency to crude generalization by a high W% associated with a low W+%; stereotyped thinking by a high A%; conventional thinking by a high number of popular responses; lack of originality by a low number of original responses; maladjustment by a high F-%; emotional inhibition by denial of the influence of color; basically greater emotional responsiveness by a higher percentage of responses to the colored cards.

of whom material is now accumulating, show the following trends: more compulsive traits (preoccupation with symmetry and mid-lines in the Rorschach cards), a critical and disparaging attitude toward the test, more emotional inhibition associated with a basically greater emotional responsiveness.

In reviewing the evidence presented, the most outstanding feature of the anti-Semitic college women, as derived from our small sample, seems to be a restricted, narrow personality with a strict, conventional superego, to which there is complete surrender. It is the conventional superego which takes over the function of the underdeveloped ego, producing a lack of individuation and a tendency to stereotyped thinking.¹⁶ In order to achieve harmony with the parents, with parental images, and with society as a whole, basic impulses, which are conceived as low, destructive and dangerous, have to be kept repressed and can find only devious expressions, as for instance, in projections and "moral indignation". Thus, anti-Semitism, and intolerance against out-groups generally may have an important function in keeping the personality integrated. Without these channels or outlets (if they should not be provided by society) it may be much more difficult, in some cases impossible, to keep the mental balance. Hence, the rigid and compulsive adherence to prejudices.

The type of anti-Semitism we have described might be thought of as "puritanical anti-Semitism". The anti-Semitism found in the leadership of the Nazi party would seem to be definitely not puritanical, or perhaps even anti-puritanical. Certainly there is a striking contrast between the superficial "niceness" of our high extremes and the manifest delinquency and destructiveness of the Nazi party member, or for that matter, of the openly Fascist women on the lunatic fringe in this country. There is indeed some reason to believe that whereas our puritanical anti-Semites project their id impulses onto the Jew, the true Nazi sees in the Jew a representative of a restricting—"plutocratic"—superego or a reasonable—"relativistic"—ego. It should be noted, too, that whereas our anti-Semitic women usually have middle or upper middle class status (since in this country class lines are not so definitely drawn and

¹⁶ In accordance with what has been reported in the literature dealing with liberalism vs. conservatism, our material suggests a higher grade point average and intelligence for the liberals. It seems thereby, however, difficult to say whether the primary cause has to be sought in intellectual capacity or whether intelligence is itself a consequence of personality structure or of some further common underlying cause.

an individual's status is to such a large degree a frame of mind, it is difficult to be precise in this matter), Nazism in Germany is usually regarded as most typically a lower middle class phenomenon. But this is not to say that German lower middle class anti-Semitism is characteristically anti-puritanical; the anti-puritanical variety may be most largely a matter of individual psychopathology. In any case the type we describe in this paper can well be characterized as the "well bred" type of anti-Semite. (6)

Although the puritanical and the Nazi type of anti-Semitism seems thus to differ with respect to conventionality and inhibition, they seem, however, to have much in common. Primarily they share the authoritarian character, the aggressive undertone, the emphasis on fate, and the externalized superego.

From time to time up to this point we have mentioned some of the ways in which our low extremes stand in contrast to the high extremes. The lows exhibit more psychological perceptiveness, more interest in self-analysis, more direction by "inner" rather than by "outer" or conventional standards, more successful sublimation of id tendencies in realistic achievement drives, in scientific, political and social interests; there is less aggression on the fantasy level, less projection and reaction formation, less ambivalence and less confusion about sex roles. But this is not to say that our low extremes are closer to the "normal" or that the lower a person stands on our anti-Semitism scale the better off he is from the point of view of mental health. It is a notable fact that the life histories of our low subjects have been less happy or fortunate by ordinary standards than those of our high extremes. In the case of some of these low subjects, it seemed that difficult external circumstances contributed to making them more thoughtful, more introspective and more identified with suffering and with out-groups. It should be emphasized, too, that whereas our high extremes in their stories made the most frequent use of religious ideas and images, there was ample evidence that the lows of which we speak had religious sentiments and had been profoundly influenced by the Christian ethic. It seemed to us that "the devil" loomed large in the universes of both our high extremes and our low extremes, but whereas in the former he was seen as outside or in out-groups ("I am good and they are bad"), in the latter he was conceived to be inside ("they are no worse than the rest of us"). One might say that subjects of the former group can achieve a sense of well-being at the expense of other people, while subjects

of the latter group can make notable contributions to humanity—but this is likely to be at the expense of their own well-being.

The subject who—from among the highs—showed the most pronounced pathology had many compulsive features in her make-up. She had achieved a superficial security through discipline and order and through such devices as touching telephone poles and book pages. She had a fear of being in crowds which seemed to indicate, among other things, instinctual anxiety in a situation where defenses are reduced. The most markedly pathological case from among our lows showed in an extreme degree a pattern that was different from that which we have regarded as most typical of our low extremes. This girl was clearly impulse-ridden. Her ego was lined up with her id, so that all kinds of excesses were made to seem permissible to her. In stating why she liked Jews she gave much the same reasons that the high extremes had given for hating them. This case reminds us that a liberal attitude toward one's own instincts is likely to go with a liberal attitude toward minority groups, but it also shows us that when liberty gives way to license we have something which resembles freedom only superficially. That this low extreme was not free of irrationality with respect to Jews is shown by the fact that her stereotype for the Jews was similar to that of the high extremes: things that repelled the anti-Semites attracted her.

So far only cases extremely high or extremely low on anti-Semitism have been discussed. We do not wish to consider in detail the protocols of the "middle" group. Suffice it to say that they share with the high anti-Semites the conventional moral standards and the sense for social stratification. On the other hand, these subjects show less aggression and more introspection than the high anti-Semitic girls. Their life histories likewise show their intermediate position, perhaps closer to the anti-Semitic picture. Lest it be supposed, however, that a middle position on the scale is an indication of normal adjustment, it may be pointed out that when—in another connotation—the anti-Semitism scale was administered to a group of patients in a psychiatric hospital, the great majority attained middle scores. It was our impression that here, as with many of the middle subjects in our college group, the psychopathic trends had not become connected with ideology.

Due to the war situation, we did not have many male subjects. But our impression from the few we had is that on the whole, the anti-Semitic man shows the same personality structure as the anti-Semitic woman. There is, however, one important difference. The

anti-Semitic girls show a conventionally feminine façade and underneath are full of aggression. The anti-Semitic man, on the other hand, tends to conceive of himself as masculine, aggressive, and tough, but has underlying passive and dependent tendencies.

His drive for power makes him long to be "up there with the big boys", and he would satisfy his submissive tendencies at the same time by being on the right hand of some powerful male figure. He tends to project the power drive onto the Jews, whom he characteristically conceives of as a powerful and cohesive group who by always "sticking together" are able to "move in" and "take over" various fields of endeavor. Any appeal for tolerance in the name of humanity is completely lost on him, for the idea of identifying himself with the underdog is what arouses his greatest anxiety. Hitler and his friends did indeed not repress their hostilities but their dependent and feminine passivity.

There can be little doubt but that the personality pattern we have described is a common one in our society. Two basic questions now have to be raised. First, what is the sociological setting in which this pattern develops and second, what are the conditions under which the generalized *disposition* found in our high subjects manifests itself in anti-Semitic behavior? Most certainly all of our high extremes belong to the middle social-economic class; and it is probably not misleading to think of the "well bred" or puritanical anti-Semite as most typically a middle class phenomenon. But if we adhere strictly to objective economic and social criteria in defining status it has to be granted that most of our low extremes also belong to the middle class. What is it that makes the difference? An important clue, we believe, lies in the observation that our high extremes are *over-conformists*; they adhere *rigidly* to the middle class values and are made anxious by the appearance, in themselves or in others, of tendencies of an opposite character. This points to insecurity as the condition with which these subjects are struggling. But since the family income in all of our high cases is more than adequate, the insecurity cannot be regarded as economic in any narrow sense of the word. It seems rather to be social—and psychological; a condition that is likely to exist when one's aspirations are much higher than one's actual status or when one, or one's family has recently raised one's status to a notable degree. The fear of losing status, in our anti-Semitic girls, seems to be connected not so much with any danger of economic want as with the possibility that with respectability gone they will be tempted to release their inhibited tendencies in the way they

believe Jews and proletarians do. Anti-Semitism thus helps them to maintain their identification with the middle class and to ward off anxiety.

Thus it is not so much middle class values themselves that we would call into question, but rather the rigidity with which they are adhered to. And in the individual case this seems to be a result of the manner in which they have been put across. The mischief is done when those trends which are taboo according to the class standards become repressed, and hence, no longer susceptible to modification or control. This is most likely to happen when parents are too concerned and too insistent with respect to their positive aims for the child and too threatening and coercive with respect to the "bad" things. The child is thus taught to view behavior in terms of black and white, "good" and "evil"; and the "evil" is made to appear so terrible that he cannot think of it as something in himself which needs to be modified or controlled, but as something that exists in other "bad" people and needs to be stamped out completely.

A *tendency* to this kind of behavior, it seems to us, springs from the very nature of our society and exists throughout the middle class. It seems most likely to precipitate the manifestations we have described in times of social confusion and unrest. Such times arouse intense but vaguely conceived feelings of insecurity in both parents, with consequent strivings to improve or at least to maintain the social status, and these in turn give rise to unreasoning concern and overaction in the mother and to desperate aggressiveness in the father.

As indicated by the second of the two questions just raised, the kind of disposition to anti-Semitism that we have described does not necessarily manifest itself in overt anti-Semitic behavior. Whether or not it will depends to a large extent upon the individual's situation of the moment—what kind of propaganda he is exposed to, what his friends and exemplars are doing, what scapegoats are available and so forth. Probably the major factor that brings anti-Semitism out into the open is real economic insecurity, and hence the most effective counter measures will, of course, be those which reduce unemployment and depression. Where these attempts fail, the use of legal force and of psychological devices like associating anti-Semitism with the disreputable are all to the good. But for the basic disposition to anti-Semitism, the only cure would seem to lie in emotional security, self-understanding, and psychological maturity. If the kind of repression which we have

seen to be of great importance is to be prevented, there must be less fear of impulses on the part of parents. Parents must learn that the "bad" impulses can be modified and controlled and that it is of crucial importance to invite the child's participation in these processes. To indicate the magnitude of the need for this type of parental education, one has only to recall such findings as that of Pullias (9) that 72 per cent of a group of college freshmen reported they had been taught that masturbation would cause physical damage or that of Huschka (5) that of 169 cases referred for child psychiatry, more than half had had bowel training begun before the eighth month, or that it was more or less officially recommended as late as ten years ago that such training be begun as early as the end of the first month. Reputable pediatricians were urging all manner of physical restraints to prevent infantile masturbation, (4) and so on.

To increase psychological insight and sensitivity, to bring about freedom from repression throughout the middle class is, of course, a task of tremendous proportions— hence, we should lose no time in increasing our efforts to that end. We cannot hope to psychoanalyze everybody, but education for self-understanding is something that can be tremendously expanded. We should mobilize all possible energy behind a program for increased education about man and society. If one is inclined to regard such a program as hopelessly long-term, let him remember that education is a very durable middle class value, and that the people's appetite for correct information is often greater than the capacity of science to supply it. It is well to remember that the kind of understanding of which we speak has steadily increased during the course of history. Less than one hundred years ago, it was still the fashion in science to insist that man was fundamentally different from other animals, and less than fifty years ago many anthropologists took for granted the white man's superiority to "primitives". The struggle against anti-Semitism is a part of the struggle for enlightenment.

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PSYCHOANALYSIS AND HISTORY THE NIBELUNGS AND THE BIBLE*

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Elsewhere¹ I tried to show that an approach to history can be made by studies of the unconscious motivations of rulers, teachers, statesmen, founders of religions and religious orders who created institutions that survived them and influenced nations in succeeding centuries. The spirit of the founders lived in their institutions and molded the attitudes and thinking of the people who came under their influence. We study therefore collective psychology when we understand the psychology of leaders whose personalities had far-reaching impact upon the citizens of their nations.

Another psychoanalytic approach different from the study of individuals is suggested here. We can try to understand history and the nature of nations by turning to their mythology. Our new approach is opened by Freud's pronouncement that myths are the dreams of young nations. The force that creates myths grows increasingly weaker with the progress of civilization; it is a characteristic of the infancy of nations, comparable to the playing and day-dreaming of children which are preserved in adult life only in exceptional instances. When Freud discovered the language of the dream, it soon occurred to him that myths, legends and fairy tales were constructed like dreams, and subject to similar laws. Like dreams they are wish fulfilments in which the wish and its fulfilment are disguised but may be discovered through psychoanalytic interpretation, by comparative studies of older variations of the same myth, and by collation with the myths of other nations.

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¹ Wittels, Fritz: Collective Defense Mechanism Against Homosexuality. *Psy. Rev.*, XXXI, No. 1, 1944.

The early psychoanalytic students of myths found in them chiefly disguises of the oedipus complex and its derivatives. They neglected to utilize the fact that in addition to secondary elaboration the dream often has a directly recognizable allegoric meaning.² The manifest dream not only has the aim of concealing the deeper meaning, but also of expressing directly the dreamer's ideas about his environment in the present, the past, and the future. Our patients tell us in allegoric form what they think of the analytic situation and this is important for the continuation of our work. In a comparable manner, the interpretation of myths reveals what a people thinks of itself, what are its wishes, its hopes and fears. A people transmutes its wishes into reality whenever a leader and the opportunity make it possible. Leaders are easily found—some even say are always found—when particular wishes are present as expressed in the myths.

A myth preserved for centuries without undergoing any changes (the manifest myth) is of particular interest to the analytic historian. We know that the myth previously underwent changes, comparable to the secondary dream elaboration. Why do these changes cease at a certain moment in the history of the nation for which the myth is characteristic? The reasons are identical with the laws ruling the dream. Secondary elaboration is finished when a version is achieved well-adjusted to the demands of the people, a compromise in which the people feel at home. The wishes have become ego-syntonic and can be displayed in a narrative.

The central themes of mythology are similar in all nations. There are the various heroes who slay the dragon; Jack the giant killer and David who slays Goliath; Adam and Eve of Genesis have their close parallel in a much earlier Chinese account of creation, and many other biblical themes have been traced to other civilizations, some of them older than the Jewish Book. Yet, these themes were spread through the Bible and the zeal of the Jews; the Bible has become characteristic of the ancient Jews and their Christian followers. To understand the national psychology of the ancient Greeks we must turn to Homer; of the Jews to their Book; of the Arabs to the Arabian Nights. A nation in which the chivalrous tales of King Arthur and his knights retain their vitality must psychologically be quite different from the tradition of one for whom the offspring of the Nibelungs of the Siegfried Saga have remained the national heroes. We venture the opinion that

² Silberer, Herbert: *Phantasie und Mythos. Jahrbuch f. Ps. u. psychopathologische Forsch.*, II, 1910; cf. also III, 1911, 2nd part.

the English ideal of the "gentleman"—untranslatable, and therefore adopted in its English form in most languages—may be traced to the code of King Arthur's knights. Up to this day the position of the woman in English speaking countries has its understructure in the stories of Guinevere, Elaine "The Lily Maid of Astolat", and the other ladies of the Knights of the Round Table. As long as the Arabian culture bloomed, the stories of Baghdad were their women's pedestal. The Orient as well as the medieval West recognized the *lady*. The Italian Renaissance knew her fully. Whereas Brunhild and Kriemhild of the Siegfried Saga are towering figures, they were no ladies.

The Song of the Nibelungs is the representative myth of the Germans although the main theme of Siegfried, the dragon killer, who is later slain by his own kinsmen exists elsewhere. The Song of the Nibelungs is the best known and most highly cherished mythological possession of the German people, and the Siegfried Saga is much more popular than any other myth in the Teutonic collection. It was given its definitive form at the beginning of the thirteenth century. The author of this text, which has not since been changed, is unknown. At about the same time, some other epics became current, the most important being Wolfram von Eschenbach's *Parsifal* and Gottfried of Strassburg's *Tristan and Isolde*. These, however, were imported into Germany from the West, mostly via France. They were chiefly translations of Western epics. The Song of the Nibelungs which wandered from Germany to Scandinavia and back to Germany is an exclusively Teutonic product.

The representative and dominant myth of a nation, transmitted from generation to generation, seems to be the deepest collective psychological expression of its culture. It contains the philosophy of a nation in the form of a narrative. This analytic approach to mythology was anticipated by the German philosopher, Frederick William Schelling:³

"A nation comes into existence with its mythology. What is a nation or what makes it a nation? Not only coexistence in space but the unity of its thinking, which means a collective philosophy as presented in its mythology; therefore its mythology contains the fate of a nation in the same sense as his character is the individual's fate. The mythology of a nation determines its history because with all [young] nations authority, laws, habits and

³ Quoted from Adolf Allwohn, *Der Mythos bei Schelling*. See also F. W. Schelling, *Collected Works*, 2nd part, Vol. 1, publ. by Cotta.

even occupation are intimately connected with their idea of God. Its mythology is born with a nation as part of its individual national self [*Volksbewusstsein*]. Its origin goes back to the time when the nation was formed and this was certainly not a time for mere fiction."

It is in the foregoing sense that the Song of the Nibelungs may be studied as a source for an examination of the German "national soul". We do not go as far as Schelling who says that the entire history of a nation, its past as well as its future, is implicit in its mythology. Be that as it may, the theme of the hero who reaches the peak of power and glory, is admired and feared by all, and who dies at the hands of his own kinsmen—this theme has more than once appeared in Germanic history.⁴

The vitality of representative myths is variable. The Jews continue to draw strength from their Book which records the mythology of their remote ancestors. The modern Italians by contrast are uninfluenced by the ancient Roman myths of Virgil's Aeneas, of Romulus and Remus and the she-wolf. To this the psychological failure of the Black Shirt interlude, built as it was on a melodramatic revival of Roman pageantry, may be in part attributable. Similarly, Vercingetorix and the Druids have no vital meaning for modern Frenchmen, and modern Englishmen have little in common with their forebears of Roman or Druidic times. In Western countries Christianity and historical development have buried the older mythologies. The three R's (Renaissance, Reformation, Revolution) have created a new mythology harder to recognize as such.

Germany, among modern nations, is a notable exception. The influences of classical antiquity, including Christianity, have not destroyed the power of the older national myth. The Song of the Nibelungs can still inspire Siegfried Lines, Siegfried swords, Nibelung loyalty, and the revival of such characters as Hagen and the Valkyries from the still more ancient Nordic version of the epic. Germans consciously identify themselves with the heroes and heroines of the Song; they want to live and die like them. Far from being horrified by the cruel events depicted in their medieval epic, the Germans of today are still thrilled by them.

⁴ The same motif played an important part in the history of Sweden. King Charles XII of Sweden, a military hero who set out to conquer the world, died from a bullet that was probably fired by one of his own henchmen. It is not yet determined whether Hitler was slain by his own followers, who certainly attempted his assassination on the 20th of July, 1944.

Max Mell, one of the more important contemporary German poets, gave his people a modern version of the Nibelungs. German authors, poets, playwrights are always rewriting, regrouping, reinterpreting the epic, much as the ancient Greeks embellished dramatic versions of Oedipus, Medea and other mythologies without altering the underlying myth itself, well-known to all spectators. In the *Neues Wiener Tageblatt* of April 30, 1944, was printed an interview with Max Mell in which the poet was asked: "How is the mythology of our people valid in the present day?"

"It is a cultural possession that we received in our childhood more by divination than by intelligence. It is a cultural possession with which we have become familiar through the stories of our parents and nurses. We received it devoutly. Without this intimate devotion, it cannot be understood. The foundation which links us to it is irrational. . . . The child does not accept everything that is communicated to him in that way. What he accepts has been familiar to his listening soul. And only this outlasts the centuries. Today only little has remained of the Greek gods that humanism wanted to implant so deeply into our culture; the masses have never known anything about them. But Siegfried and Kriemhild were always in the people's soul."

Mell speaks for a host of Germans who believe that Christianity and classical culture were artificially imposed upon the German "people's soul"; Christ, a foreign god, is banished. In German history the struggle between the spirit of the Nibelungs and the spirit of civilization has raged for centuries. When Luther's Reformation and the subsequent counterreformation triumphed over paganism, the Song of the Nibelungs was temporarily completely forgotten. It is significant that even the manuscripts were lost after Luther had translated the Bible for the Germans and that the Song was rediscovered around 1750, more than two centuries later, when the religious landslide had come to a halt, followed by a nationalistic revival which turned to the old Teutonic treasures.

The Song of the Nibelungs in its final version expresses deep contempt for woman's sexual honor.

In the older Nordic version of the Siegfried myth, according to the Edda (as in Richard Wagner's music drama), Brunhild is a Valkyrie and daughter of Wotan. Siegfried penetrates the wall of flames by which she is surrounded, falls in love with her and becomes her husband. Later, at the court of King Gunther, he is made to forget her by means of a magic potion, and the King persuades him to woo her again, this time disguised as King

Gunther who cannot woo her himself because she is still surrounded by the wall of flames which only Siegfried can cross. He is promised the hand of the King's sister as his reward for this deed. Brunhild does not recognize Siegfried in his disguise nor does he recognize her. She follows him to the court of the King because she is obliged to follow whoever penetrates the wall of flames. During the ensuing journey, Siegfried places a double-edged sword between her and him every night to indicate that he would not even touch her. At the royal court, Brunhild finds Siegfried undisguised and sees him married to Gunther's sister. She is driven to despair and takes her revenge by having him killed. Then she stabs herself at the hero's funeral pyre.

The Scandinavian version is outlined to show the extent to which Brunhild's fate and dignity are degraded in the Song of the Nibelungs of the thirteenth century.

Brunhild is the ruler of Isenstein, a distant country. She is an Amazon and will marry only the man who can defeat her in a tournament. Gunther, King of Burgundy, wishing to woo her but doubting his power to defeat the maiden, persuades Siegfried, at that time his guest, to help him. Siegfried's previous marriage to Brunhild is omitted in this version. Siegfried consents because he is in love with Gunther's sister, Kriemhild, who is promised to him in marriage as a reward for his help. The old motif of Siegfried's marriage to Brunhild is obscurely suggested in the story, for Siegfried is the only one who knows the way to Isenstein, and he is the only person whom Brunhild knows by name when the knights of Burgundy reach her castle.

Now begins a series of ignominies perpetrated against the heroine. Siegfried possesses a cloak that makes him invisible. Gunther, much too weak to withstand the maiden's prowess as a fighter, defeats her nevertheless with the help of the invisible Siegfried. She has a spear so heavy that twelve men are required to carry it. She hurls it, piercing Gunther's shield. Siegfried, to whom the cloak gives the strength of seven men, holds the shield, withdraws the spear and throws it back, almost killing the Queen. She, of course, is completely unaware of the fraud of which she is the victim. Next, she throws a tremendous rock a long distance which she covers by jumping after it. Gunther is asked to match the feat. Siegfried throws the rock a good deal further than the Queen was able to, Gunther making only the appropriate gesture; then, holding Gunther in his arms, Siegfried jumps after the stone, which

defeats the Queen completely. She gives up and follows Gunther to Burgundy as his bride.

The epic proceeds to describe Gunther's famous, or infamous, wedding night. Brunhild, again defiant, fights off Gunther's amorous overtures. With a long belt which he vainly tried to take from her waist, she binds his hands and feet and hangs him on a hook on the wall. There he has to spend the rest of the night and is freed by his bellicose bride at dawn only in return for his solemn promise never to touch her again. The same night Siegfried consummates his marriage with Kriemhild. After breakfast he meets his brother-in-law and finding him gloomy inquires about his trouble. The two knights agree upon a plot which they carry out the following night. Siegfried, again wrapped in his cloak of invisibility, enters the couple's nuptial chamber. Gunther breaks his promise, and when the maiden starts to truss him up again, he blows out the candle light and says in effect: "So far this has been a joke, but now I am in earnest". Siegfried, who not only is the strongest man on earth but in addition possesses the sevenfold power given him by the cloak, struggles with the Queen in the dark, deprives her of her golden ring and her belt and delivers her to King Gunther. Here the Song attempts feebly to make us believe that the defloration of the mighty virgin is achieved by Gunther; but the entire situation and the accusations of Kriemhild—which follow later and lead to Siegfried's death—make it more than probable that the valiant King is displaced in the defloration of his bride by the invisible hero.

The allegoric interpretation of myths provides us here with a number of explanations mitigating the rude narrative. However, as explained above, we take the Song as a final and well-remembered secondary dream (myth) elaboration displaying the shape in which the story has become acceptable to the national ego. The events of this story live in the German epic as facts, handed down from generation to generation, without any moral disapprobation worth mentioning. In the course of the narrative there are predictions of a catastrophe that will come from this deed. The poet is sorry, not for the shabby behavior of his knights, but for their impending doom. He does not say: "One cannot do such things to a woman."

Siegfried gives Brunhild's ring and belt to his wife Kriemhild as souvenirs. He tells her the entire story which he probably considers quite humorous. Siegfried leaves the court of King Gunther and for ten years lives happily with his wife in his own count-

ry, the Netherlands. After this, the couple pay a friendly visit to to their kinsmen in Burgundy and there occurs the famous dramatic argument between the two women in which Kriemhild calls Brunhild her husband's concubine, showing her as evidence the ring which Siegfried had taken from the Amazon's finger. Brunhild's pride is mortally wounded and nothing short of Siegfried's death can placate her.

Hagen of Tronje, Gunther's uncle, now becomes the central figure in the epic, overshadowing all others in importance. He is innocent of the outrages committed against Brunhild; he was not even present at the treachery of the tournament. He appears not to be interested in women; he is an unmarried warrior who despises fools in love. He hates the youthful braggart, Siegfried, and when he learns of the insult to Brunhild, he agrees with her that he must be destroyed. He asks and receives King Gunther's permission to kill the man to whom the King owes his life and his "honor". The "liquidation" is carried out with traditional treachery. Siegfried is invulnerable except for one spot on his back. Hagen, pretending that he will be better able to protect Siegfried against danger in an impending war if he knows where this spot is situated, gets the information from Kriemhild. Trustingly she embroiders a red cross on Siegfried's jacket. Hagen kills his unsuspecting nephew-in-law from the rear by throwing the spear at exactly the spot which Siegfried's own wife had unwittingly made a target. He takes Siegfried's body to Kriemhild's back door in the dark of the night. Early in the morning Siegfried's wife stumbles over it.

In this very same period the troubadours sang their tender ballads in Southern France. The story of Tristan and Isolde was popular as were the tales of King Arthur's knights with their gallant and exalted love adventures. The clash between the Spanish Moors and the Christians, also the Crusades that brought the conception of the *lady* to Europe were almost over at the time. We see the tremendous difference between the heroes of the Nibelungs and the Western world of the later Middle Ages.

After many years of solitary mourning, Kriemhild accepts Etzel (Attila, mighty King of the Huns) as her second husband. Her outspoken purpose is to take her revenge against the murderers of Siegfried. After living with Etzel for a number of years, she invites her kinsmen to visit her. Hagen, knowing his niece's state of mind and despite repeated warnings decides to accompany the Burgundians to Etzel's kingdom. He is not afraid of any woman. With Siegfried's sword, Balmung, at his side (an additional

offense to Kriemhild) he appears defiantly in the midst of the Burgundians. Kriemhild tries repeatedly to have him killed by her henchmen. When the Nibelungs cover their guilty kinsmen with their own bodies, a general blood bath ensues in which the German hero's miraculously valiant fighters kill thousands of King Etzel's men. There is never a word of complaint from these German heroes against Hagen for whose sake they must accept certain death. This is "Nibelung loyalty" of which Germans boast so much. King Gunther and his uncle, Hagen of Tronje, are the last survivors. They are defeated by Dietrich of Bern, Etzel's vassal, who ties them up and delivers them to Kriemhild who, by this time driven to raving despair, has Gunther beheaded and tearing Siegfried's sword from Hagen's side decapitates the last surviving Nibelung with her own hands.

Brunhild is not mentioned in the second part of the Song. Kriemhild and Brunhild are identical, one person split into two as in a dream.

The tremendous contrast between the loyalty to death of the Burgundians in the second part of the Song, and their unspeakably treacherous behavior towards one another in the first part requires comment. Such mutually exclusive complexities of human behavior or fantasy cannot be rationally explained. A closer examination of the text gives evidence that these men at Etzelburg love each other. This is openly expressed in the scene in which Rüdiger von Bechlarn, one of Etzel's vassals, kisses the man whom he is about to slay. These warriors are full of admiration and devotion for each other, friend and foe alike.

Siegfried is the exception. He is not one of the group, but is clearly superior, stronger, more beautiful, endowed with eternal youth. The Burgundians defend themselves against falling in love with him in a paranoiac fashion: they kill him in order not to succumb to their love for him. Siegfried is one of the Adonislike young heroes found in almost all mythologies. He closely resembles Achilles, the Greek hero, who like Siegfried is killed in the prime of youth (to be sure by an enemy, not by his own kinsmen) and knows that an early death overshadows his glorious life. Like Siegfried, he is invulnerable with the exception of one spot. Achilles is not without feminine traits. He weeps readily and complains to his mother when he feels that he has been wronged. He is a child of nature who becomes angry when he is not allotted enough of the booty or when someone tries to take it away from him. Like Siegfried, he is a fearless fighter. The latter being Teutonic is not

permitted to cry, but shows his infantile and feminine traits in many other ways.

There is a number of such young heroes in Jewish mythology. Thomas Mann has made us familiar with Joseph, Jacob's son. The most famous young Jewish hero is David who, in lieu of a dragon, kills the giant Goliath. Michelangelo's colossal statue of the young David holding the sling in his hand leaves only one conclusion about the artist's conception of the hero: he is an adorable boy. In Rembrandt's painting, *Young David Plays for King Saul*, the artist has sensed the homosexual response which David arouses even more clearly. He represents the melancholy old King partly covering his face with a mantle as he looks upon the Jewish boy at whom at the next moment he will throw his spear. To kill one's fellow man when he becomes too lovable is a defense mechanism against homosexuality.

In the Siegfried legend, the evidence becomes stronger when the Gunther-Siegfried-Brunhild triangle is examined. Two men are brought together in bed with the same woman for the purpose of depriving her of her virginity. It has become axiomatic in modern psychology to interpret such triangles— even when they are not explicitly sexual—as the expression of overt or latent homosexuality. As a rule, the woman has an inkling of the truth, considers herself abused, and ends the homosexual paradise of her two partners more or less abruptly. Brunhild may be the first example in literature of a woman so victimized. Her revenge strikes Siegfried whom she loves; Gunther is unimportant.

Anal eroticism is not absent either. A basic motivation of the character of Hagen and Gunther is greed. After slaying Siegfried, Hagen steals not only his sword, Balmung, but also the hero's enormous treasure of gold which he had won from the Nibelungs whom he defeated. The Nibelungs are familiar to us from Richard Wagner's operatic cycle. The dwarfs, Mime and Alberich, the latter Hagen's father, live in dirty underground caves.⁵ Hagen refuses to return this hoard to Siegfried's widow. The Burgundian knights come to call themselves the Nibelungs because they all share the stolen prize. Before leaving for Etzelsburg, Hagen hides the treasure in the depths of the Rhine and does not reveal the hiding place to Kriemhild, even though he could have saved his

⁵ Cf. G. B. Shaw, *The Perfect Wagnerite*, an explanation of the *Ring*. It shifts the responsibility from Wotan and his crowd to the capitalist system which, according to Shaw, Wagner—after the revolution of 1848 a persecuted leftist—wished to denounce.

own and Gunther's lives by telling her. Kriemhild's despair and thirst for blood largely result from her own greed. Lust for revenge and greed contend in her soul. Richard Wagner centered the entire conflict of his music drama on greed for gold and mercenary treachery.

Siegfried, the only one of these characters represented as having achieved mature heterosexual love, is hated and killed. The others hate women and are motivated by greed.

We leave the Song of the Nibelungs in order to discuss another myth which took hold of the German nation with great power, alien though it was: the *Hebraic Myth* in its translation by Martin Luther. It is impossible to exaggerate the influence of this translation on the German people. Before Luther, the Germans had no common language. Had it not been for Luther's Bible, German tribes might still speak native tongues as different as Dutch, Danish, Norwegian and German. Luther for his translation used the language of the Saxonian Court Chancellery. This work became so popular in a short time—the printing press was at the time almost one century old—that the Germans not only became Lutherans, but were given a language which made possible their unification into a nation. The language of Luther is still written and—among the educated—spoken to this day with relatively little change. It is, therefore, replete with Biblical words, phrases and proverbs for which Luther first found expression in German. The frequently noted similarity between the Germans and their much hated Jewish fellow citizens has one of its strongest roots in this fact.

Let us compare the representative English translation with Martin Luther's work. When the King James version was published, Shakespeare had written almost all his principal plays; he died five years after the publication of the Bible. The Anglo-Saxons did not need the Bible to become a nation. There were still other reasons—economic reasons—for which the German contemporaries of the first Puritans read the Bible with different eyes than the Protestants of the West. We add to these reasons a psychologic motivation: Jewish Christianity in Germany came up against the offspring of the Nibelungs with their destructive defenses against latent homosexuality. They understood hell but not heaven. Their old pagan myth was not displaced; the Hebraic myth was superimposed upon it. This might be a clue to the psychopathology of men who throw live children to the flames, then carefully count and hoard their shoes. In the Nibelung tradition the Germans

took from the Scriptures everything that was consistent with this pagan heritage and rejected the cultural essence of Christianity as expressed in the Ten Commandments, the Psalms, the Prophets, the Sermon on the Mount, the brotherhood of man.

The following quotations from the Bible are taken out of their context and do not express the spirit of the Scriptures, neither of the Old nor of the New Testament. They express the Nazi spirit. The resemblances, however, are too striking to be accidental. Hitler proclaimed to the Germans that they were the "chosen people" fated to dominate the world: "Today Germany is ours, tomorrow all the world". The same was promised the Jews by Jehovah (Exodus, XIX:5) "If ye will obey my voice indeed, and keep my covenant, then ye shall be a peculiar treasure unto me above all people: for all the earth is mine..." The Biblical "Praise the Lord!" became "Heil Hitler!" "One God, one Book, one People" the battlecry of monotheism, degenerated into "One Reich, One People, one Führer!" The Messiah who was to deliver the world to the Germans promised them a Millenium which was to last a thousand years. The language of the prophets, vibrant with religious passion, is burlesqued in the pronouncements of the Nazis.

With the Nuremberg laws against race pollution compare Deuteronomy, XXIII:3: "An Ammonite... shall not enter into the congregation of the Lord; even to their tenth generation shall they not enter..."⁶

In conquered countries, the Germans behaved in accordance with Deuteronomy VII:2: "When the Lord thy God shall deliver them before thee, thou shalt smite them, and utterly destroy them; thou shalt make no covenant with them, nor show mercy unto them. Neither shalt thou make marriage with them..."

On November 10, 1938, in a "spontaneous outburst of indig-

⁶ These prohibitions should not really be compared with the Nazi doctrine of race and blood. The Bible meant nothing of the kind. Deuteronomy VII: 4 gives a better motivation. Moses was against intermarriage because the small Jewish nation was surrounded by pagans who did not understand the revelation of monotheism and the decalogue. Intermarriage, if not strictly prohibited, would have destroyed the entire *raison d'être* of the Jews: "For they will turn away thy son from following me, that they may serve other gods...". Accordingly, in Deuteronomy XXIII: 7 and 8: "Thou shalt not abhor an Edomite... thou shalt not abhor an Egyptian... The children that are begotten of them shall enter into the congregation of the Lord in their third generation." The Jews accepted Edomites and Egyptians after they had lived with them for three generations. They assumed that these strangers were sufficiently familiar with monotheism by that time, even if they had no Jewish ancestry.

nation", Göbbels ordered almost all the Jewish synagogues in Germany burned or blown up: Deuteronomy VII:5: "Thus shall ye deal with them; ye shall destroy their altars, and break down their images, and cut down their groves, and burn their graven images with fire. For thou art a holy people unto the Lord thy God: the Lord thy God has chosen thee to be a special people unto himself, above all people that are upon the face of the earth." The almost literal translation of these Hebrew words, written three thousand years ago, should be compared with the German national anthems.

Many Germans had married Jews and had children; the new legislation enlightened them in accordance with Ezra: IX and X: "... The princes came to me, saying, the people of Israel, and the priests, and the Levites, have not separated themselves from the People of the lands, doing according to their abomination." To this Ezra reacted: "When I heard this thing, I rent my garment and my mantle, and plucked off the hair of my head and of my beard and sat down astonished." How like the fits of rage of the squire of Berchtesgaden!! Ezra assembled his congregation and has Schech-aniah say: "We have trespassed against our God and have taken strange wives of the people of the land... Now let us make a covenant with our God to put away all the wives, and such as are born of them... Then all the congregation answered and said with a loud voice: 'As thou hast said, so must we do!' (Göring in a Reichstag session in the Kroll Opera House in Berlin: "Führer, you command us—we will follow!")

These examples should not be interpreted as illustrating the belief that Hitler consciously framed the Nazi philosophy on a pattern borrowed from the Old Testament. On the contrary; these are unconscious repetitions deriving in large part from four hundred years of Biblical indigestion. German eclecticism failed to assimilate the Gospel of salvation and the parts of the Scriptures that are cherished elsewhere. The barbaric remnants of predatory greed return from repression: the German id (the Nibelungs) prevails over the German superego (the Scriptures).

THE LEGEND OF THE UNFATHOMABLE WATERS*

By MARIE BONAPARTE
(Paris)

In Greece, near Athens, there exists a wild and enchanting place. Following the route of the old Phaleros that skirts the sea beyond Glyphada and Voula, one arrives at a point where several roads meet and end. Straight ahead, to the north, a high wall formed by vertical cliffs of reddish hues encircles a glen in whose bottom sleeps a blue and green lake of small size. No fish enlivenes its depths, only the birds touch its surface when they try to catch insects and then disappear with a cry into the holes of the cliffs. Around the lake which the sun gilds only a few hours each day, grows thorny underwood of laburnum, mastic, citrus and arbutus. From here spring the mineral waters of Vouliagmeni which means in Greek "Swallowed up". According to tradition when the earth broke down here centuries ago, these waters had been springing forth. In the summer many Athenians come to cure their rheumatism or eczema in long rows of bathing tubs of marble which have been covered by the wild growth. Others prefer to frolic in the beautiful blue-green lake.

But in the winter the mirror of sapphire and emerald of the enchanted lake remains ordinarily deserted by men in spite of the constant temperature of 23 degree Celsius of the waters welling up from the rocks. I came alone to read or write in good weather at its banks, and at times to dive into it.

Sometimes, however, appears a peasant, huntsman or shepherd or eventually a monk. Then I inquire about this place which I love and of whose history and legend he ought to know more than I do.

In this way I could gather several stories which were believed

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by the local population. The neighboring cafetier who kept a little booth at the near seashore was the first to inform me. "If you swim in this lake" he said, "take good care not to get over there." And he indicated a sort of grotto which opened to the north, its cliffs overhanging the dark water within the most precipitous range of rocks. I asked him why. "Because there is under this water, which seems so calm, a whirlpool that draws the swimmer's feet down. Several have disappeared and never been seen again."

Another informant told me something else; nobody had ever succeeded in sounding the bottom of the lake whatever plummet was used, especially over there near the weird cave. Boiling wells throw back the weight with insuperable violence.

The man from the coffee-stall, however, led me at some later occasion across the thickets to the darkest nook in the deep shadows at the foot of the rocks. I had known the place a long time before but wanted to hear what he would tell me. A narrow black waterhole here was carpeted from the bottom to its bank with blackish algae and received almost no ray of sunshine. From the height of the wall drops of water fell constantly with a mournful sound. The man then said: "Look at this water; it is unfathomable even more than the other! But here it was where in old times King George I and the Archbishop-Metropolitan of Athens came to bathe together."

Another day the guard of the bathing establishment revealed to my questions that the small black waterhole was really bottomless, that no plummet ever found its ground and that to bathe in it meant to imperil one's life. He, on his part, didn't believe in the danger of bathing in the bigger blue-green lake; he had seen that swimmers could venture over it without fear, even near the grotto which was considered as fatal, but here, in the black waterhole, a terrible danger still lurked. For one thing it was unfathomable and moreover, an irresistible attraction drew the swimmers down so that they disappeared; nobody knew where they went and their corpses were never found. The guard of the bathing establishment knew nothing of the bathing parties that the King and the Metropolitan used to have together.

I threw some objects on the surface of the black water; they remained on the surface.

Listening to the stories, I was reminded of a calm little lake in Switzerland, near Lucerne, on the banks of which I made some promenades at the age of ten. I don't remember its name now,

but its waters were haunted by the same legend: that it never had been possible to touch its ground and, moreover, if my memory doesn't deceive me, that every swimmer who ventured forth on it got caught without hope to get back. These legends frightened me then and every time when we went for our promenade on the banks of the lake I regarded the tranquil surface of the little Swiss lake with a respect which was mingled with fear.¹

Later, during a stay in the country around Nantes, we discovered on our promenades an old abandoned quarry where accumulating rain waters had produced at the bottom in a depth of about 30 meters, a lake of a magic blue; it was known in the country under the name of "Blue Lake". The same legend haunted it: its bottom was unfathomable; who bathed in it got caught by a whirl under the surface and disappeared without hope of return. The tempting and perfidious calmness of the azurean lake must not entice imprudent bathers!

Irritated by this evidently absurd superstition I decided to demonstrate its falseness by the fact. I said to my children who then were still small, that I would swim in the Blue Lake and that it would be seen that I didn't disappear! To reassure those who loved me and wanted to hinder me, I declared that I would be held by a rope from high. I have to confess that something within me found this more prudent—so far penetrate the roots of superstition the hearts even of those whose intellect scorns them.

So I set out one fine and sunny morning toward the Blue Lake, as it had been arranged, in a bathing costume under my cloak, with my children and their nurse who carried a long, rolled-up rope under her arm. I affected a great deal of self-assurance, but as we approached the fateful lake I felt behind it no little fear. I asked myself who, after all, forced me to dive in? Nothing but my vanity, the fact that I had announced it. But this was enough to prevent me from withdrawing.

We arrive at the edge of the derelict quarry. The funnel of rocks around it becomes perpendicular. Only a narrow path that descends in loops, hardly visible, leads down to the bottom. The blue waters sleep deep down.

¹ It is the *Rothsee*. Another little mountain lake near Kandersteg, the *Blausee*, is also said in Switzerland to be unfathomable; the same goes for *Lochat de Saint-Blaise*, near Neuchâtel. In the department of Var, France, near *Gâreoult*, the same superstition frightens swimmers in one of the two little lakes of *Dolins*. The list of the lakes and ponds that were reputed to be unfathomable could be prolonged infinitely.

My heart beats, but I take off my cloak and have one end of the rope attached to my waist. Then, while anxiety gets more and more hold of me, I start descending the tumbled down path.

Now I am down. I can't stand it any longer to wait for my destiny. Let's enter quickly among these algae of the pool which, after all, may be treacherous. I put my foot into it—its cold seizes me, and suddenly my feet slip on the muddy stones and I plump down into the unfathomable water.

However, I emerge and in spite of the fresh water which sustains me only feebly, I stay on the surface and I swim. No whirlpool draws my feet. So I detach the rope which annoys me, from my belt and call to have it taken up. Swimming along the steep cliffs where I nowhere find a foothold and making courageously the full route around the fateful lake I defeat, together with the popular superstition, its echo in my own heart.

Yet, before I finished the first half of my enterprise my feet suddenly get entangled in I don't know what. Remembering the prophesied whirlpool something within me gets out of control. I struggle to free myself and succeed only after a violent effort in wrestling from the submerged brambles my scratched and bleeding legs.

That's too much, I turn back to the egress of the path. Soon I rest on the pebbles of the saving path which I then climb. My legs are scratched by the witchcraft of the pool but my heart feels relieved that I have accomplished my deed of daring, that is mostly because I am now no longer under the obligation of accomplishing it.

I thought that my exploit had at least demonstrated the truth and told it to the countryfolks. They wagged their heads and declared that I had had great luck in escaping the danger of the blue, sleeping water, that I simply had not struck the fatal whirlpool, but that they felt sure it was hidden there all the same. The superstitious belief in the witchcraft of the unfathomable waters proved ineradicable.

Thus I found in three different countries, Switzerland, Bretagne and Greece, the same legend of the treacherousness of the unfathomable waters. Doubtless it can be found in all countries of our earth where lakes or ponds sleep silently.

While the water presents the real danger of drowning, it presents also a profound symbolism which is no less universal than its danger. When we look at the flowing waters instead of the still ones, yet remain in the aquatic realm, why does Goethe's poem,

"Der Fischer", move the human heart so strongly? After all, the story of a fisherman who succumbs to dizziness on the brink of the water and falls in, is rather a trivial one, hardly good enough to figure among miscellaneous news.

Yet, the fascination of the water which is incarnated in the figure of the "water maid", in the fateful Undine who bewitches the fisherman, has for us a profound, nostalgic appeal; of its nature we remain ignorant, but nobody can resist it. It is an inexpressible magic which has been created by the fascination of the profound and unconscious symbolism of water.

The analysis of dreams as well as of myths has enabled us to understand it; all waters into which one enters or from which one emerges are universal symbols of the water in which we actually dwelt, from which we actually came forth—the amniotic water. Human narcissism does not hesitate to symbolize the few humble pints where we bathed for nine months by all the waters on earth, even by the prodigious mass of the ocean! Is it not a vain, poetic image when the Undine of Goethe's poem entices her victim by singing of the mirror of the water reflecting his own face? ("Lockt dich dein eigen Angesicht Nicht her in ew'gen Tau?") So died Narciss in the age of mythology, fascinated by his own image, riveted to a pool—in this case stagnant water, the same as our fateful and unfathomable ponds.

However, behind the reflected image, for the children of men the water remains always the symbol of the Mother who bore them in the amniotic waters, which once contained them. The water, therefore, stands for the prenatal mother, within whose body we slumbered in a humid realm, before we saw the day, like Lancelot of the Lake! By the reality of the fact that we can drown ourselves by diving into it and then float on it in eternal sleep, the fixed state after death is made to correspond to the fetal state before birth; therefore a mixture of nostalgia and anxiety gets hold of mankind on the brink of water: nostalgia for the real repose, once enjoyed in the mother's womb, anxiety caused by the real death which would make final the dive undertaken into the liquid element by beings fitted for aerial respiration.

In the Undines of the misty mythologies of Germany and Scandinavia this double aspect of the fascination of water is incarnated wonderfully. They love to attract by their charms the passers-by and to carry them away to their palaces of liquid crystal where they let them live a life of mysterious delight, during which the years seem to be only minutes—the same as when the crushing

sense of time was absent, as it had been once for the child in the motherly paradise before birth.

The Hellenic Naiades, created for the sunny mirror of the southern waters, were generally less tragic. Still, Hylas disappeared also, carried away by one of them into the mirror of a fathomless well.

The predominance of female divinities who haunt the water, over the male ones, gives evidence of the predominantly motherly character of the liquid element. The Sirens play a more important part in the waves of Poseidon's realm than the Tritons; the Sirens are the incarnation of the ocean's danger and their mystic seduction proves by its very irresistibility that the real danger was enhanced by symbolic nostalgia. The divinities of the inland waters, rivers, fountains, lakes and ponds of the antique Mediterranean countries, were almost exclusively Naiades, i. e. female.²

The Naiades no longer dwell in the Greek fountains and lakes under their graceful human forms, yet the Naiad who carried off Hylas under the liquid mirror when he came to draw water has survived in the legend of Vouliagmenti, the sapphire lake without bottom.

The contradictory elements of this legend serve best for its interpretation. By an irresistible force, the deep wells prevent every plummet from reaching the bottom: a magnificent symbol of the source of life which wells up from the mother's body and, coming from unknown depths of the flesh or the earth, nourishes

² In South Africa, between the Cape and Muizenberg, there shine large ponds which the Dutch call Vlei. About one of the largest, the "Vlei of the Princess", this legend is told:

Legend of "Princess Vlei"

"According to tradition, some Portuguese explorers, anchoring in False Bay, sent a party ashore in search of fresh water.

"They caught sight of the native Princess watching them curiously from behind a screen of bushes. As she would not be enticed by their blandishments, they gave chase.

"The Princess, fleet of foot, led them far into the Flats. At last, exhausted, she sank weeping behind some bushes where the pursuers found her.

"The Princess, in her anguish, burst into such a flood of tears that they formed a Vlei in which all perished.

"Before she had completely melted into tears the Princess put a curse on the Vlei. Every year, she said, she would require the life of a Man."

(From a leaflet distributed at the "Jolly Carp", a teahouse on the banks of the Princess Vlei. If we may believe what the hostess of this house told us, the Vlei was also reputed to be unfathomable; the legend attached to it is of interest since we again see a woman of fateful attraction appear in the water.)

the growing fetus. Yet, in flagrant contradiction to the element of the ascending source, the fateful lake is considered also to conceal a whirlpool which draws down those who dive into it and swallows them. In this, the symbol of the return to the Mother is the counterpart of birth: the annihilation of the being in death. The two functions of the Mother, one real, to give life by birth, the other symbolic, to take it back in death, are in this way magnificently represented by the two qualities that have been attributed to the fateful, and reputedly bottomless, currents of the waters.

One element of the legend arouses our special interest: that just this utterly black hole of water should have been the favorite spot selected for bathing by two sovereigns: King George I and the Archbishop-Metropolitan of Athens. For these two to get drawn down to the ground is out of question; superior to all dangers they had been swimming and disporting themselves freely in the sinister water among the black algae.

Of course, this bathing of king and priest is also legend; King George I did not belong to a generation that like ours was given to bathing in cold water and in sunshine and it would be difficult to imagine that the Metropolitan of Athens stripped himself of his sacerdotal vestments among the shrubs in order to dive into the waterhole; that the king and the prelate should have bathed together seems even more unlikely.

However, the paternal character of those two personalities explains the legend. Both are exalted images of the Father. The Father is the only one who can dive into the Mother with impunity. Since he possesses a magic phallic power which makes him invulnerable, he can achieve what the feeble child could not attempt without danger. Therefore the antique "mana" that belongs to kings and priests, as images of the father who occupy the throne and serve at the altar, permits to these two eminent persons to bathe in the waterhole that would bring destruction to anyone else. So could Poseidon, a Father-god, ride without peril on the waves although they were peopled by the Sirens who became fatal to all navigators.

Aphrodite, the goddess of Love, the incarnation of the sovereign libido, emerged from the foam of the ocean's waves, not from the smooth mirror of a pond, since the rolling salt-waters—the Sirens notwithstanding—lend themselves better than the fresh water and especially the inland ponds, to representing the function of the Mother as the giver of life.

This corresponds to the phylogenetic pattern, since life ap-

peared at the dawn of evolution as issuing from the waters of the sea.

The rivers with treacherous currents seem generally to the human imagination to conceal fatal attractions as they are inhabited by diverse Undines. The Lorelei who brings destruction to the barges on the Rhine as the "feuchte Weib" did to Goethe's fisherman, has been sung by Heinrich Heine; in Brazil the story is current that an Undine rises at night from the rivers and draws in the travellers.

However, the death-aspect of the mother-deities is most marked in the sleeping mirror of stagnant waters, in the lakes and ponds. It is not accidental that Edgar Poe, the great poet, haunted by death so often in his stories and poems, conjures up the picture of a sinister lake, as the maternal symbol of death.

In his prose-poem "Siope" or "Silence" he sang of a landscape which was tortured by a sinister wind announcing some impending but obscure misfortune:

"The waters of the river have a safron and sickly hue; and they flow not onward to the sea, but palpitate forever and forever beneath the red eye of the sun with a tumultuous and convulsive motion. For many miles on either side of the river's oozy bed is a pale desert of gigantic water-lilies. They sigh one unto the other in that solitude, and stretch toward the heavens their long and ghastly necks, and nod to and fro their everlasting heads. And there is an indistinct murmur which cometh out from among them like the rushing of subterrene water. And they sigh one unto the other."

Isn't it as if one listened to the sighs and the rattling of a dying person, magnified to the measures of a gigantic land?

The "river" of Poe is, however, rather a swamp, the river of life slowed up by the agony which halts in fact the blood in the arteries and begins to make it stagnant.

"It was night, and the rain fell; and, falling it was rain, but, having fallen, it was blood. And I stood in the morass among the tall lilies and the rain fell upon my head—and the lilies sighed one unto the other in the solemnity of their desolation."

The agony of the landscape heightens itself to a tempest:

"Then I cursed the elements with the curse of tumult; and a frightful tempest gathered in the heaven, where, before, there had been no wind. And the heaven became livid with the violence of the tempest—and the rain beat upon the head of the man—and the

floods of the river came down—and the river was tormented into foam”—

These are the last shivers of the agony, preceding death.

The narrator continues:

“Then I grew angry and cursed, with the curse of silence, the river and the lilies, and the forest, and the heaven, and the thunder, and the sighs of the water-lilies. And they became accursed, and were still. And the moon ceased to totter up its pathway to heaven—and the thunder died away—and the lightning did not flash—and the clouds hung motionless—and the waters sunk to their level and remained—and the trees ceased to rock—and the water-lilies sighed no more—and the murmur was heard no longer from among them, nor any shadow of sound throughout the vast illimitable desert. And I looked upon the characters of the rock, and they were changed; and the characters were SILENCE.”

As the silence and immobility fall suddenly on the members of the dying at the moment of his death, so silence and immobility fall suddenly on the landscape which has become a dying man, or rather a dying woman, for Edgar Poe was the faithful and eternal lover, as we know, of an adored mother who died of phtisis when her son was three years old.

The mother's death, symbolized by the stagnation of the water, has expanded till the whole of nature was stricken by the same stupor of death.

It seems that everywhere on earth the stagnant waters of lakes and ponds were predestined to produce the death-legend of the unfathomable waters. Although, for a long time, the ocean has really remained unfathomable, its noise and permanent agitation are less favorable for the rise of such legends. The rivers show their bottom more or less to the eye or to the mind since their horizontal current calls forth the idea of a bed in which they glide.

On the other hand the stagnant lakes, the ponds, the water-holes strike the imagination of men by their immobility and their silence, the attributes of living bodies when death has stiffened them. These characteristics of death are combined with the universal mother-symbolism of the water and permit the imagination to bestow on the stagnant waters an uneasy and mysterious power to attract the sons of Woman. On the banks of the symbolic mirrors of water they get seized by a fascination which consists of an anxiety, caused by the fear of death, mixed with the desire to return to the mother's womb and to find there again its always longed-for primordial sweetness. Death adorns itself with the hope of repose,

of the same repose that the child enjoyed in the depth of the mother's body, for which man, whom life disturbs and torments, keeps an eternal, unconscious nostalgia. The smile of the mother, the unforgettable smile whose attraction treacherous death borrows, seems, under the mirror of the sleeping water, irresistibly to lure the children who have remained under her fascination.³

³ I received the following supplementary notes from Dr. Géza Róheim:

There used to be a belief in Wales that the lakes object to having their depths ascertained. Bale Lake was one of these. Two men ran out plummet and line to an almost endless extent; presently a terrible cry rent the air and a voice from the waters cried aloud: "Line cannot fathom me. Go or I will swallow you up." Since then no one dared to sound the lake.

It was said that Bale Lake was bottomless. A dragon was coiled up at the bottom of the lake. An important town was engulfed by this lake because the lid was not put on. The water burst out, and overflowed town.

Another such lake is Llyn Dulyn: a fathomless volcano. Fiends would arise from the lake and drag those who led evil lives into the black waters. (M. Trevelyan, *Folklore and Folkstories of Wales*. 1909, 12, 13.)

Then there is Lake Llyn Cwm Llwich, of unknown depth and wonderous nature. No bird has ever been seen to repair to it or towards it. (John Rhys, *Celtic Folklore*, Welsh and Manx. 1901, 1, 22.) Near Millstatt, there is a fathomless lake. If one throws a stone into it, this results in a violent thunderstorm. (G. Graber, *Sagen aus Kärnten*, 1914, 8. *Der Piller See*.)

Once when a man tried to fathom its depth, a horrible voice called up from the depth: "If you will fathom me, I'll scalp you." Thereupon the nosy fellow was no longer curious. There is a lake where previously was a pasture on which some high and mighty cowhands used butter-balls for bowling. (Ignaz v. Zingerle, *Sagen aus Tirol*, Innsbruck, 1891, p. 140.) A nobleman gained a forest from a peasant by unrightful means; the peasant cursed it and the forest was submerged into an unfathomable lake. *Ibid.*, p. 141.

The *Schwarzsee*: No plummet could reach its bottom. Housed dragon which formerly pursued men and cattle, *Ibid.*, p. 149. Radlsee . . . unfathomable. Frequently one saw a woman braiding her hair. (I suppose the Lorelei motive.) If one saw that, there usually followed a heavy thunderstorm soon after. *Ibid.*, p. 624.

Between Volkartshain and Kirchbracht is what they call "der tiefe Born". The peasants poured 100 carloads of stones into it to try out how deep it is. Then a tree, which slipped out of their hands and came out at the other end, and there was a white cloth on it with golden letters which nobody could read. Th. Bindenwald. *Oberhessisches Sagenbuch*. 1813. (Frankfurt a.M.), pp. 27, 28. This is followed by legends on wells from which the children come. (Milchborn. Kindesborn.) P. Sebillot. *Le Folklore de France* II, pp. 399, 454.

Furthermore there is H. Bertsch. *Weltanschauung, Volksage and Volksbrauch*. Dortmund, 1910, in general about water myths. It would be worthwhile to use it in this connection.

WHAT WOULD HAVE HAPPENED IF . . .*

By HANNES SACHS

Fantasy builds castles in the air—but these airy halls and towers have a definite and strict relation to the solid facts of life. Glittering and unsubstantial, they are not built up by willful whimsies; their structure is made of a peculiar sort of reality, the reality of possibilities.

Every daydreamer finds the starting point for his fancy-work in one and the same situation: if something had happened otherwise than it actually did or had not happened at all, what might have been then? Here is a big opening for the beginning of wishful thinking of any sort. This is the point where ordinary reality and wish-fulfillment, molded into a semblance of possibility by fantasy, have their parting of ways. Consequently it is the point from which the poet, as the mastermind among the daydreamers, starts; it is the nucleus of his creation.

The best story by the Austrian poet Grillparzer—who was generally more of a playwright than of a story teller—is: "Der arme Spielmann" (The Poor Fiddler): The hero's father is an important and ambitious man. At a public examination the son has to recite some Latin verses which he knows very well, but he stumbles over the word "cachinnum" which he cannot remember, and gets so confused that he fails to pass the examination. The father is deeply hurt by this humiliation and stops the son's studies. The boy becomes a humble copying clerk. He falls in love with a girl of much lower social standing, whom he cannot marry because of his poverty. He sinks deeper and deeper in the world and in the end becomes a common street fiddler without, however, losing anything of his moral integrity and purity of mind. He meets his death by saving a child from drowning.

The episode at the examination, the stumbling over the word

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"cachinnum", happened to Grillparzer himself, as he reports in his autobiography; but it had none of the fateful consequences that the author attributes to it in his story. His father, although generally a very conscientious man, sent the professor a present and in this, not strictly correct way, procured for his son the passing of the examination and with it the entrance to the university.

The difference between fact and fiction shows where the poet's mind went off at a tangent. What would have happened if his father had not come to the rescue? He would not have become the director of the state-library (Hof-Bibliothek) nor a famous poet; but then he would have avoided the petty conflicts and frustrated ambitions. He would have lived a life of obscurity, but also of perfect purity, unhampered by the trivialities of middle-class existence. Grillparzer's bitterness and sarcastic epigrams leave no doubt in which direction his daydreams moved.

Gottfried Keller's story, "Frau Regel Amrain und ihr Jüngster" (Regula Amrain and her Youngest Son), begins with the following situation:¹ After her husband has left her and the children to escape from his creditors, she tries to keep the business going and has to rely a great deal on her manager. This young man plans to make himself master of the woman and the business at the same time. One evening when he has come to see her about some business matters, he embraces her and tries to overcome her resistance. She defends herself, but her defense is weakening when her youngest boy is awakened by the subdued noise in the next room. He understands dimly what is going on, but feigns the belief that his mother is menaced by a robber. He jumps out of bed and attacks the young man. The mother, after explaining to him that no robber but only the manager is in the room, quiets him and puts him back to bed. Anyhow, the love scene has been interrupted and she is confirmed in her decision to remain single. She becomes deeply grateful to the youngster and decides that she will make a man of him. The other children do not appear any more in the story which is entirely devoted to the ideal relations between mother and son. When the father in the end comes home the son is able to stand up against him as man against man.

Gottfried Keller's father died when he was very young and his mother actually married the business manager. The marriage was unhappy and ended in divorce.

The scene described above is evidently the one where reality

¹ This psychoanalytic viewpoint has been treated by Dr. E. Hitschmann in his book on Gottfried Keller.

took a turn for the worse and fantasy tried to replace it by a better solution. What if he had been awakened and had interfered just at the right moment? How much bitterness would have been spared to him! How beautiful his life would have been if he had spent his youth in an untroubled relation with his mother!

Turning to English literature means of course first to turn to Shakespeare. The heroes of most of his comedies and some of the other plays are quite outspokenly hunting for an heiress. Money is an object of their matrimonial plans which they never forget. The most naive of them is Claudio in *Much Ado About Nothing*. He first asks if Leanato has any sons and when he is told that he has no child but Hero he starts in lyrical tones to declare his deep-seated and long-standing love for her. The most brutal in this respect is Petruchio in *The Taming of the Shrew*:

If thou know
One rich enough to be Petruchio's wife,—
As wealth is burden on my wooing dance,—
Be she as foul as was Florentius' love,
As old as Sibyl

Bassanio, the glorified type of these young men who try to make their fortune by marrying money, has not enough funds to make a decent appearance while he aspires to the hand of Portia, the rich heiress.

The same motive recurs in a less blatant manner in other plays. For instance in *Cymbeline* where Leonatus, of humble rank, has married the princess Imogen.

Shakespeare was an excellent and very successful money maker. Leaving his home-town penniless, as the son of a bankrupt father, he returned to it as the richest man, the owner of the best house. The theater at that time was a good source of income, but it needed certainly a head for business to amass a fortune in twenty years. The only letter belonging to Shakespeare's personal correspondence which we possess is one in which the writer asks him for a loan—an unusual thing with poets.

In the matter of marriage Shakespeare seems to have been less successful. It is almost certain that, by what we would call a shotgun wedding, he was constrained to marry a girl much older than himself and with child by him.

Shall we consider the bard merely as a mercenary person who in his fantasy extended his successful money operations to the field of marriage where he had actually failed? This would mean to

seek the spring of his fantasy at too low and common a level. What he dreamt of, probably most intensely in his first years of poverty in London, was a kind and loving, delicate and charming woman who would bring into his life beauty and refinement and would rescue him from humiliation and ugliness by the sheer love and magnanimity of her soul; just the thing Desdemona does for Othello.

The plots of Charles Dickens are too artificial and complicated to give much scope for any investigation of this sort. Nevertheless, we know that Dickens as a youngster ate his heart out because first destitution and then the neglect by his father—whom he immortalized in an unflattering way as Mr. Micawber—kept him from being educated and getting on in the world. In his novels we see a number of poor forsaken boys or young men finding a protector who rescues them from their miserable situation and gives to their lives a new turn upwards. Such a boy is the hero of one of Dickens' earliest novels, *Oliver Twist* and a similar episode figures prominently in the autobiographical novel which he wrote at the height of his fame and creative power, *David Copperfield*. Such young men are Nicholas Nickleby and Martin Chuzzlewit. When Mr. Weller boasts to the dismayed Mr. Pickwick that he gave his son the best education by throwing him out in the streets, we can understand it as a faint echo of the bitterness Dickens felt for a father who was satisfied that the packing of bottles of shoe-polish provided sufficient education for his gifted son.

An especially interesting feature of our problem is presented in the work of Jane Austen. In his article "The Myth in Jane Austen", Geoffrey Gorer² has shown the following to be an almost constant element in Jane Austen's novels: a brilliant, but morally unsound young man almost succeeds in captivating the affection of the heroine, but in the end is defeated by his own weakness. Jane Austen lived and died as a spinster and there is no hint that any brilliant young man ever tried to get her love.

This was her daydream by which she filled out the vacuum, but with a characteristic tendency—a daydream to end all daydreams. The brilliant young man is bound not to succeed, a happy end in this direction is excluded and in its place comes the marriage with a thoroughly reliable, but much less attractive man. This strict rejection of any unreasonable self-indulgence even in romance and fantasy is characteristic for Jane Austen; it is the trait that

² *American Imago*, Volume 2, Number 3.

gives to her world, as she delineates it in her novels, the firmness, solidity and the perfect clarity of outline, and the absolute repudiation of all foreign and inappropriate elements; with all the narrowness which it implies, this creates the great, one may almost say unique, charm of her work. The renunciation of all romantic fancies was as thorough in life as it was in her fantasy, but the positive wishfulfillment, of being wooed by a serious, unromantic man, an idealized father-figure—this possibility was only realized in her creative work.

The highest form of this "would have been" fantasy we find in Dostoevski's last and greatest work, *The Brothers Karamazov*. Dostoevski's father, who was not at all like the lewd old Karamazov, but an extremely strict disciplinarian, was assassinated by his serfs whom he had oppressed beyond measure. In the novel, the old Karamazov is killed by his sons, each of the four attempting or perpetrating the murder in his own way. The passionate Dimitri, who is the father's direct rival, almost commits the crime, but turns back at the last moment. The hyper-intelligent Ivan becomes half consciously, half unconsciously the wire-puller for the father's assassination and then falls into the abyss of insanity. Smerdakov, the epileptic criminal, kills outright for the booty, but cannot stand his own deed and hangs himself. The last and youngest, Alosha, fulfills the ideal of goodness, selflessness and purity of mind, but he suffers an hysterical attack when he hears his father tell how he used to maltreat his wife, Alosha's mother. In this way we are shown that Alosha too is able to feel "aggressive impulses" against the father which he represses and overcompensates; yet they cause a hysterical equivalent since the attack is stirred up by the provocation of the father's story.

In Dostoevski's fantasy the sons replace the serfs. They too form a gang to kill the father among them. The work itself gives the answer to the question whom these united and so very different sons represent. All four of them are Dostoevski himself. Each is a part of his mind, of his affects and most of all, of his own unconscious. This is to some extent true for every figure created by a great artist, but nowhere else has it reached the same degree of intensity as here. Everyone of the four is a perfect, absolutely complete human being; of none of them do we get the impression that he is only a part or particle of an individual. They stand before us like statues which we can study from every side, not like a mere basrelief of which only some aspects show human likeness. Yet, while all these figures are complete individualities and as far dif-

ferent from each other as human beings can be, there is still a mysterious bond between them; we feel that they have in spite of all diversities a hidden identity which becomes manifest in their common urge for the parricide.

They are the blood and flesh of their begetter, but only all together represent him, not any single one of them. The possibility that Dostoevski should satisfy his hate against the father and oppressor is realized by the transformation of the solitary individual into a group of brothers.

Here lies the answer to the question about the value of an author's biography for the understanding of his work. The mere facts are, in most cases, meaningless. This seems to justify the opinion of those who maintain that literary schools and precepts, the spiritual trends of an epoch, artistic ideals and similar influences are the important factors. The existence of such elements cannot be denied, but behind them stands, as the life-giving force, the individual's creative power which subordinates them to its purpose. This power can be discovered and understood with the help of the biographical data; not by accepting them as the raw material for the work, but by using them to find and fixate the exact spot where the creative fantasy was stirred, the spot where it deviated from reality and replaced it by a world of its own making.

STYES, BARLEY AND WEDDING RINGS*

By W. S. INMAN.
(London)

"In no branch of medicine has the supply of folklore been more abundant than in the case of eye diseases . . . Although the literature is very copious, most of the information is to be obtained from works devoted to folklore rather than from textbooks of ophthalmology, most of which tend to ignore it or give it a step-motherly treatment." (1)

In an attempt to remove Dr. J. D. Rolleston's implied reproach and to bridge the gulf between ancient beliefs and modern discoveries and concepts, I offer the following observations.

It is probable that when, as happens in some parts of Scotland, a sufferer from a styte seeks a cure by the application of a decoction of barley, someone will explain the custom in terms of the appropriate vitamin, and it would surprise no one if an enterprising business man took advantage of the occasion to bring out a new patent eye-wash.

When, however, a Russian peasant, similarly afflicted, rubs the eyelid with a barleycorn which he then throws to the fowls (my own Russian informant said a cock) to eat; or when a Magyar places a barleycorn on the edge of a well in the belief that the styte will last until the seed is carried away by birds, the opportunities for scientific explanation and commercial exploitation are not so apparent.

The association of styes with barley is of great antiquity. In Greek the word *krithe* means both styte and barley, whilst the Latin name for a styte, *hordeolum*, is derived from *hordeum*, barley. Prof. Sir John L. Myres, an authority on such matters, tells me that the classical passages in which the words occur are from authors of the later Greek and Graeco-Roman centuries, roughly 300 B. C. to A.D. 300.

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The use of this comparison is supposed to be based upon the picturesque resemblance of the styte amongst the eyelashes to the grain in the hairy head of barley. How satisfying it has been is shown by its extensive adoption in many other languages. For instance, in Provençal, *hordeum* became *ordi*; by regular change of *eu* to *iu* and then to *ju* it became *hordjum*, whilst loss of *h* brought about *orge*. Hence the French word *orgelet* for styte.

The same root gave rise to the Italian *orzo* for barley and *orzaiuolo* for styte. A curious word in the same language, presumably derived from the same root and bringing into association the ideas of eyes and barley, is *orzare*, to sail in the wind's eye.

In Spanish, a styte is *orzuelo*.

In Russian, Polish, Magyar, Czech and German, the word for barleycorn is also applied to a styte. The derivation of the actual words there used I must leave to competent etymologists.

In Arabic, barley is *sha'tr* and styte *sha'tra*.

Other languages would doubtless reveal a close relationship between barley, which has been considered the first cereal ever brought under cultivation, and the common pustule on the edge of the eyelid. In English, however, the language association is not maintained. Styte is given as derived from *steigen*, to rise, and is compared by Murray with early modern Dutch *styghe*, W. Frisian *stûch*, and Norwegian *stig*, from which it would seem as if the rising or swelling of the inflamed lid, which is so prominent a feature in a styte, had determined the name.

As far as I have been able to discover, both etymologists and clinicians have been content to leave the word association between barley and styes to be accounted for on purely descriptive lines. Long experience, however, has convinced me that a deeper and more dramatically significant relationship exists. In a paper read on February 1, 1933 before the Medical Section of the British Psychological Society, I advanced the theory, based upon some years of close observation, that styes and tarsal cysts were at any rate in part determined by an exceptional interest in the problem of birth; and in support of the idea I compared them with the suppuration on the face in adolescent acne vulgaris, and pointed out the tendency of styes to occur in girls about the time of menstruation. Since then, the clinical histories of many hundreds of men, women and children have confirmed my opinion, and it is now my fixed practice to ask every patient with a styte in what way the subject of birth has been stirring his emotions exceptionally.

A reasonable deduction from this mass of evidence, some of

which has been published (2, 3, 4, 5), is that the lesions are a result of hormonal disturbance rendering the tissues susceptible to infection by the ubiquitous *staphylococcus*; and their more frequent appearance in a certain type of youth may be explained by individual maladaptation to the emotional demands at that stage of emergence into full reproductive life. As for sporadic outbreaks in apparently normal people, which of us can guarantee himself immune from mental conflict in unusual and unexpected circumstances? Needless to say, it does not follow that the converse is true, that every reproductive impulse results in a sty. Not all adolescents get acne vulgaris, yet its relationship to sexual development can scarcely be challenged. An interest in birth is normal and should be accompanied by a good complexion, as naturally and simply as good plumage in birds and handsome coats in beasts at the mating season.

It is probable that this interest in sexual matters with its compelling need for repression into the unconscious is responsible for "the remarkable fact that so comparatively insignificant a condition (as styes) should have more folklore connected with its treatment than any other ocular disease" (1); and also for the fact that virtually all patients suffering from styes at first deny any preceding interest in the subject of birth, although by the expert it can almost invariably be revealed, even to the patients' acquiescence if not their pleasure. To have one's repressed feelings laid bare is seldom agreeable. Hence the wealth of protective but expressive symbolism recorded by Rolleston. "The best known popular remedy in this country is rubbing it with a tom-cat's tail" (1) sounds innocent to the point of foolishness until one dwells upon the significance of "tom". And when, in Palestine, to cure a sty "a house of feathers is made and set on fire" (1) it only becomes intelligible to me by recalling how a little boy patient aged four always referred to his parents' pubic hair as feathers. Heat in that area is too well known a colloquialism to need comment.

"In Somersetshire, Devonshire and Cornwall the sty is rubbed outwards from the nose with a wedding ring" (1). My own experience in Hampshire is that this is by far the commonest method of charming away styes. That it is not a local practice, however, is shown by its existence in countries as distant as Hungary and Russia. For twenty years I listened to this old wives' tale with some impatience and scorn, the while meditating upon the credulity of human nature. Now I know better, and my impatience is re-

served for colleagues who explain the custom by saying that people wish to express the contents of the styne by means of something smooth, polished and clean. It may be so, but I have yet to meet the patient who cared to have the slightest pressure on his styne, either by himself or by anyone else, and in any event a ring is a clumsy and inadequate instrument for such a purpose.

The chief function of a wedding ring is to give a woman a legal and moral right to bear a child: without it she puts an ineffaceable stigma upon her offspring. Has any other single symbol influenced mankind to such an extent? If, indeed, emotion can affect tissues for good or ill, surely that associated with such an object might be expected to cast an irresistible spell, especially when, as some of my patients have informed me, the correct ritual is to rub the styne nine times. The number nine looms large in the imagination of men and women who are contemplating pregnancy, and it appears again in the belief that if a girl has one styne she is likely to have nine altogether.

Lady Wilde, the wife of a celebrated oculist of the last century, is quoted by Rolleston as saying that in Ireland "nine thorns should be pointed in succession at the eye without touching it, and then thrown over the left shoulder; or one gooseberry thorn should be pointed at it nine times". Before and since that date (1890) many babies have been born under gooseberry bushes; and sinistrality in a family tree adds piquancy.

It might be thought that the practice of "transferring" a malady, by contact, to a similar object would account for the Russian or Magyar custom of rubbing the styne with resembling barleycorn, but then the logical conclusion would have been the instant and complete destruction of the seed by crushing it underfoot or by casting it into the fire, whereas ritual demands that it should pass into another living creature. Indeed, Bergen, as quoted by Rolleston, describes an American custom in which the styne is wished ceremonially, if uncharitably, at the roadside into "the first one that passes by". As for the Magyar practice, it may be compared with an Irish one recorded by Lady Wilde. "In the case of the Virgin Mary . . . Tober Maire (Mary's Well), near Dundalk, has a great reputation for weak eyesight. Nine times they had to go round the well on their knees, always backward. Then they drank a cup of water and not only were they cured but were as free from sin as the angels" (1). Here the references to retrogression through the nine months of pregnancy and the purification of sexual desires,

with a touch of baptism thrown in, are brought into relationship with virginity under but thin disguise.

When ritualistic cure first arose is wrapped in mystery, but, like the connexion between barley and styes, it is widespread throughout Europe; its hold is strong, even amongst cultured classes, and it shows few signs of losing its vogue. The wedding ring is credited with as much potency upon Hungarian and Russian eyes as upon those in western Europe. It has been suggested to me that its effect is dependent upon a special "virtue" or "value" attached to gold, the cool sensation derived from a conductive substance being an accidental recommendation. This explanation of the action of gold, a metal, by the way, which is not included amongst the mineral remedies for eye diseases mentioned in Rolleston's article, does not seem to be adequate. No matter how much rare and valuable metal it may contain, a £500 engagement ring lacks the healing virtue of a £5 gold wedding ring; and scores of domestic articles would serve better as cooling agents. Moreover, in actual practice, both patients and doctors lean towards hot applications as the best way to soothe the often exquisitely tender eyelid.

Throughout the ages, and in peoples widely separated from one another, a yellow color seems to have exercised a peculiar fascination upon both regular and irregular practitioners in the art of ophthalmology. Rolleston says: "In the Assyrian Medical Texts, translated by Campbell Thompson, we read 'Thou shalt disembowel a yellow frog; mix its gall in curd and apply to his eyes' " for some unspecified affection. He also quotes other recommendations for the use of bile as a cure for eye disease, and gives instances of the application of animal dung for the same purpose.

Naturally enough, modern doctors scoff at these old wives' tales. Science knows how silly such absurd practices are. Instead, it puts its faith in good, sound, well-tried and long-established, antiseptic treatment. I doubt if it is an exaggeration to say that in the first instance ninety out of every hundred patients with styes are still advised to apply the yellow oxide of mercury ointment, popularly known as golden eye ointment. Now as far as I know, there is no scientific justification whatever for faith in this bilious-colored smear. Other antiseptic ointments would do just as well or, as I think, be equally ineffective in the prevention or cure of styes. Whence then is derived its extraordinary popularity? Does the secret lie in the mystic word golden, a word which also creeps into the name of the micro-organism usually found in styes, the

staphylococcus pyogenes aureus? Even St. John the Divine, in his strange, incomprehensible fantasy, *The Revelation*, must needs bring the same ideas into association with one another. In chapter 3, verse 18, we find: "I counsel thee to buy of me gold tried in the fire . . .; and anoint thine eyes with eyesalve, that thou mayest see."

In the great majority of the homes of young people, the commonest sufferers from styes, the most important and often the only gold article is the mother's wedding ring. If any reader doubts its potency in life, let him or her picture the effect on the family of realizing that the mother had no right to wear it. In his efforts to cure the sty by golden eye ointment the doctor, unconscious of the emotional origin of the illness, is offering a scientifically bowdlerized and thoroughly de-emotionalized version of the wedding ring. There may have been more wisdom and comprehension than were apparent in the exclamation of a little boy patient of mine: "Mother, is it made of wedding rings?"

It happened that at the moment I was engaged on the above paragraph a woman aged forty-seven sought my help for an ulcer of the cornea which had been associated with a crop of styes. It was not her first attack; the same condition had troubled her two years previously, when she had visited the Glasgow Eye Infirmary and been given a printed prescription for yellow oxide of mercury ointment. She produced the treasured document and I read: "A piece of the ointment, the size of a barleycorn, to be placed within the lids morning and evening."

I was wrong when I suggested that she had been exceptionally interested in the birth of a first grandchild. Her only child, a daughter aged twenty-three, was not even engaged. Nevertheless, I stuck to my point as far as birth was concerned, and was rewarded by her admission that just before the recent attack of inflammation she had missed a period under such circumstances as to make her think that she had conceived, a disturbing prospect at her time of life, when the end of her child-bearing phase was so near. And then she volunteered that she had been through exactly the same experience two years earlier, just before the eye had first been inflamed.

However familiar the inhabitants of Glasgow may be with the size of pearl barley, it is doubtful if many could recognize a barleycorn with certainty if they saw one. This patient at any rate had only a hazy notion of its appearance and size, though she knew it was yellow! A dictionary, defining a barleycorn as "a grain

of barley; a measure equal to the third part of an inch", might have helped, and then an ordinary tape measure would have settled the precise dosage without reference to the nearest corn merchant or farmyard; and even in Glasgow other seeds such as rice, sago, lentils, and wheat are so well known that they might well be substituted for the rarely seen if time-honored barleycorn. But, true to tradition, when dealing with *hordeola* and allied conditions, Glasgow thinks in terms of *hordeum*; and if most of its generous measure of ointment is extruded from the eye and rests ineffectively upon the skin of the lids, at least it there acquires a symbolic value: when the lids are open, the eye is surrounded by a golden ring.

The earliest mention of barley with which I am acquainted is in the familiar Bible story of Ruth (about 1312 B.C.), where the association of the cereal with marriage and birth is close and unmistakable. Boaz, divining the widowed Ruth's need of motherhood, virtually showered barley upon her—how like rice upon a modern bride!—and, another kinsman failing, married her himself. In the direct line from their first-born son, Obed, came that most illustrious baby Jesus Christ. Is it just coincidence that the word Bethlehem, the name of the place where Boaz and Ruth begat Obed, and where, thirteen centuries later, Jesus was born, means literally "the house of bread"?

From Bethlehem to Glasgow is a long way, and much has happened in the intervening thousands of years, but, however much disguised, the legend of barley and fertility has changed singularly little in a vast amount of time and space.

We know nothing of Ruth's eyes, but another well-known Bible story in which cereals influenced the destiny of a great race refers significantly to an ocular defect in the heroine:

"Leah was tender-eyed; but Rachel was beautiful and well-favored.

"And Jacob loved Rachel."

Overlooking the antithetical 'but', modern readers sentimentally construe this to mean that pitiful womanhood shone from Leah's eyes. "Tender", however, may also mean "sore", and it seems likely that Leah had some inflammatory disfigurement which weighed down the balance in Rachel's favor. I suggest that she had marginal blepharitis and perhaps occasional styes, and base my argument upon the conduct of her father Laban, who, intuitively divining her need of marriage, cheated Jacob into applying the wedding-ring cure. At the end of a week Jacob was given Rachel to wife, and now

began a race for motherhood, with Leah an easy winner. From that time we hear no more of Leah's "tender" eyes.

But after giving birth to four sons Leah "left bearing", and, still unsatisfied, passed on the task of providing Jacob with a quiverful to her maid Zilpah, who contributed two more sons. Then once more cereals come into the story of human fertility. Jacob, returning from the harvest field, was induced to lie with Leah, who, presumably stimulated by the reputation of the aphrodisiacal and baby-like mandrakes brought from the wheat field earlier in the day by her first-born Reuben, promptly conceived another son, whilst her beautiful sister still remained barren.

Is the introduction of the cereal theme into a story about birth merely decoratively incidental, or is it essentially significant? Such an association certainly captured the imagination of the Greeks, for barley cakes were sprinkled on the victims at sacrifices to Demeter (literally ge-meter, Mother Earth), the goddess of fertility, the rape of whose daughter Persephone allegorizes so vividly the burial and germination of seed within the earth. From this to the exorcism by barleycorns of displaced reproductive impulses as represented by styes seems a natural step.

In early Roman days the word *horda* meant a cow that is with calf. *Horda* is not, however, derived from *hordeum* but is a variant of the archaic word *forda*. In early texts the two forms seem to have been interchangeable. But since *forda* is derived from *fero*, to carry, with its special meaning to bear offspring, to be pregnant, the same word apparently sufficed to describe both barley and approaching birth, if only that of a calf.

By a strange twist of fate, barley in the shape of beer and whisky is nowadays denounced by temperance enthusiasts because of its supposed mandrake-like qualities. On the other hand, there is *orgeat*, "a cooling drink made originally from barley, and subsequently from almonds and orange-flower water". Perhaps here lies the explanation of the external use of orange blossom by brides when they go to have the wedding-ring cure for the fever of love-sickness, of which, I repeat, a stye is an ocular manifestation.

Orgelet is not the only French name for stye; the colloquialism *compère loriot* also serves. *Compère*, godfather, accords well with the idea of vicarious parentage, whilst *loriot*, the goldfinch, is derived from *aurum* and once more links up gold with the mystery of styes.

Have these concepts any practical value? Without them, I find myself unable to explain the sudden outbreak of a crop of tarsal

cysts in a sixty-year old bachelor who travelled 12,000 miles to attend the christening of the first child of his favorite niece, bringing with him the christening robe he himself had worn. The ceremony designed to bring a blessing to the infant had a contrary effect upon the godfather; it was then that the cysts began.

Even as I write this a woman about fifty years of age challenges me to account for two large styes she has recently had, the first in her life. She is a widow, with one daughter, who is unmarried. Her only son lost his life whilst flying with the Royal Air Force two years ago. He, too, was unmarried; and his mother is obviously seeking comfort in mothering every R.A.F. lad in the neighborhood. I draw a bow at a venture and ask: "When is the christening?" and with a start she replies, "Next Sunday". And then it turns out that "next Sunday" will be the birthday of her dead son, and the baby to be baptized and make her a godmother is that of the girl who, if her son had lived, would have been his bride and made her a grandmother.

As not infrequently happens, she was not the only sufferer. On the very day the unmarried daughter heard of the death of her brother her eyelid began to swell and a tarsal cyst appeared. It went away without treatment. She was wearing a ring into which was fixed a bit of his tunic.

I am sometimes asked if the actual application of a wedding ring will cure a stye, and I illustrate the difficulty in giving a plain yes or no by two examples.

The week before Lady Day a stolid matter-of-fact workman aged forty developed a stye, the latest of a long series beginning when he was fifteen—a significant age. The stye immediately preceding this one had occurred three months earlier, at Christmas—a significant date. His wife had had six children, and at the end of each of her pregnancies he had been afflicted with a large stye, invariably in the left eye. This sinistrality may be compared with that at Tober Maire, already mentioned. It was clear that the evil influence of early impressions connected with birth had not been exorcised by the undisguised application of the old wives' cure when, at the age of eighteen, he had placed a wedding ring on his bride's finger.

Was some essential therapeutic factor lacking? When I called at his house to ask permission to publish these details I found his wife wearing thin gold earrings, and learned what I did not know before, that his two younger sisters were both pregnant. The fact made me wonder if their own birth had been originally responsible

for his prolonged and intractable susceptibility to styes. Perhaps the wedding ring had not been applied at the proper time, or conceivably it had lost its virtue from excessive use, for he was a steel erector of the name of Goldring. His wife told me that he disliked cereals.

Against this must be set the instance of a young woman who was plagued with styes which her lover, a doctor, was powerless to prevent. She had one on her wedding day, but it was her last: the magic spell of the ring prevailed.

I am also sometimes asked if the association of eye disease with barley is more than just a historical curiosity. Has it any present clinical value? I have had little opportunity to judge, and when a farmer aged forty came to me in harvest time with a tiny abrasion of the cornea received two days earlier as he looked up whilst loading barley, I was naturally eager to investigate the emotional background of the accident, for he was obviously over-anxious about a trivial lesion already nearly healed. He was, however, reserved and uncommunicative, and beyond learning that he had been married six years and had no children, I drew a blank. But when I asked why he had been so apprehensive, he relaxed so far as to explain that penetrating injuries from barley "whiskers" are common, and he had known an instance where one had got into a man's penis and, working its way upwards, had set up serious bladder trouble. The association of ideas is illuminating.

Some weeks previously a little girl of sixteen months had been brought to me with an inflamed right eye supposed to have been caused by her own finger whilst playing in the garden. It was not until I had separated the lids that I saw some coarse "hairs" just visible on the outer side of the globe. They belonged to a deeply embedded bearded head of "barley grass" three quarter of an inch long. There had been some justification for the farmer's fear of penetration. It was, of course, impossible to ask the child about its thoughts concerning babies, but I did ask the mother, who said: "I can't speak for my little girl, who by the way is an only child, but the subject is continually in my own thoughts, for I love babies and often find myself crying out to her 'Oh, how I wish you were younger'. Surely so young a child would not take notice of that? My husband and I badly want a son. He went into the Army eight weeks ago and we have been writing to each other about starting another baby before he is sent abroad. Unfortunately, just a year ago I had to have an operation for an appendix abscess, and the right ovary was removed, so perhaps I may not be able to have

the son after all. As for my little Pamela, she is a born mother. She has a doll which she cuddles tenderly, washes, feeds, pats on the back for 'wind', takes to bed, and in general loves very dearly."

I have often regretted my omission to ask if the doll was a boy or a girl.

The story proves nothing by itself, but since it was obtained only through my interest in the significance of the barley legend, it seems worthy of record.

About the same time a man of sixty-three consulted me because, in spite of treatment, his left eye had been uncomfortable for three months. I could find little wrong; the conjunctiva was slightly swollen and injected on the inner side of the globe; notwithstanding, he had thought it worth while to travel some distance across country to seek relief. Incidentally, the journey took him past a home of his boyhood.

Why had natural processes aided by antiseptics not effected a cure as usual within a week or two? He described himself as very happy and fit. With allergy, and no doubt barley also, in my mind, I inquired about hay-fever, and from that passed on to dreams, whereupon he recalled a long, circumstantial dream which began as follows: "I was in a hurry to cross a Common to get to the sea by the pier. I noticed that the grass on the road had been very badly kept and, indeed, there was little else but wild barley, which grew in profusion against kerbs, walls, lamp-posts, in fact wherever on the roads sand had drifted to give it root space. As I started to run towards the sea, the length of the barley impeded my feet and I came down to a walk..." The rest of the dream is too long to give, but a conspicuous feature was that on three occasions he turned left when he had a choice of direction and suffered inconvenience therefrom. The barley theme was emphasized by his casual remark: "As I passed my old home this morning I noticed some barley grass growing round the bottom of the lamppost in front of the house."

I said: "I should be on safer ground if your trouble was in your lids rather than in your conjunctiva. Since you are not married I may not start with an inquiry about the coming of the first grandchild. As it is, tell me about someone else's baby whose birth has been of special interest to you lately."

The formula worked. The patient replied: "Early in the year I was asked by an old friend to give hospitality to his daughter whose married life had suddenly become unhappy. Soon afterwards she discovered that she was pregnant, and a month or two

later we decided that for the sake of the child she must return home. I was sorry to lose her. Long years ago I was in love with her mother who, however, married someone else. They were always my greatest friends, and it was to me that the father naturally turned when his daughter, having lost her mother years ago, sought asylum from her own unhappy home. The baby is to be born next month in this district; perhaps that is why I have come to you. It might have been my own grandchild."

"By the way," I asked, "when did you have that dream?" He said: "About twenty years ago, but it will always be fresh in my memory."

Time did not permit me to penetrate more deeply into the mystery. The eye seems to have given little more trouble. He promised to send me a copy of the dream, but none came for eight months. At last it arrived, with a note which said: "To-day is my mother's birthday; she would be a hundred and four years if alive."

Prof. Sir John L. Myres, F.S.A., Mr. A. S. Fulton, Keeper of the Department of Oriental Printed Books and Manuscripts at the British Museum, and various personal friends have kindly given me information essential to the preparation of this article, and to them and also to my patients I now give thanks.

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